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**BOWER** SCHOOL OF MUSIC  
**Letter of Recommendation Form**

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**Part A: to be completed by the applicant.**

Full Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Instrument or Voice type \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part B: to be completed by the person writing the reference (or attach a letter of reference):**

Please indicate where the applicant would rank among students currently or recently in your area.	Top 5%	Top 10%	Top 25%	Top 50%	Lower 50%	No Info
Level of performing accomplishments						
Musical interpretative ability						
Intellectual ability						
Personal integrity/cooperation/reliability						
Relative maturity (musical or otherwise)						
Potential for success and/or motivation in applicant's chosen field						

**Part C: to be completed by the person writing the reference (or attach a letter of reference):**

In what capacity do you know the applicant \_\_\_\_\_ and how long? \_\_\_\_\_

In the space below, please write any additional comments about this applicant (attach a separate page if necessary).

Name (please print) \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Present Position \_\_\_\_\_ Institution \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Please return completed form to:**

**Bower School of Music  
 Florida Gulf Coast University  
 10501 FGCU Boulevard South  
 Fort Myers, FL 33965-6565**