

Chautauqua School of Music Instructor's Recommendation

A. To be completed by applicant: (Please print or type)

Name: _____ Area of Study: _____

I am applying for admission to the Chautauqua Summer School of Music. Thank you for your assistance.

Student's Signature _____ Date _____

B. To be completed by instructor: (Please print or type)

1. Name: _____

Institutional Affiliation (if any): _____

Address: _____

Phone: _____ Fax: _____

E-Mail Address: _____

2. Among the students I have taught, I would rate this applicant:

Poor Fair Average Good Excellent One of the best I have encountered

3. Please write a brief recommendation for this student in the space below or on a separate sheet of paper. Please make sure to include the program and area of study that the student is applying for if sending a separate letter.

a. Your opinion of his or her abilities and commitment as an artist:

b. Your opinion of his or her ability to participate successfully in an intensive, communally-oriented summer program:

Signed _____ Date _____

After completing this form and writing a brief recommendation, please send to:

**Chautauqua School of Music
Schools Office, PO Box 1098
Chautauqua, NY 14722
(716) 357-9014 (fax)
music@ciweb.org**