

INDIANA UNIVERSITY
JACOBS
School of Music
LETTER OF RECOMMENDATION

JACOBS SCHOOL OF MUSIC
OFFICE OF MUSIC ADMISSIONS
1201 E. 3RD ST
JS 100
BLOOMINGTON, IN 47405
(812) 855-7998
(812) 856-6086 – FAX
musicadm@indiana.edu

To be completed by the applicant:

Applicant Name: _____

Intended Degree: _____

Area or Instrument: _____

Date of Birth: _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students are permitted to waive the right of access to recommendations.

I hereby waive my right to inspect the contents of this recommendation.

I do **not** waive my right to inspect the contents of this recommendation.

Applicant Signature: _____

To be completed by the recommender:

Name: _____

Title and Department: _____

Address: _____

Telephone: _____

E-mail: _____

The Admissions Committee of the Indiana University Jacobs School of Music will appreciate a statement from you about the applicant listed at the top of this form. Please indicate how long and in what capacity you have known the applicant, commenting on particular strengths and weaknesses and any other factors that pertain to the applicant's ability to attain the degree sought.

Please attach your comments to this form, using letterhead if possible.