

INDIANA UNIVERSITY  
**JACOBS**  
School of Music

JACOBS SCHOOL OF MUSIC  
OFFICE OF MUSIC ADMISSIONS  
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LETTER OF RECOMMENDATION

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.