

INDIANA UNIVERSITY  
**JACOBS**  
School of Music

JACOBS SCHOOL OF MUSIC  
OFFICE OF MUSIC ADMISSIONS  
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BLOOMINGTON, IN 47405  
(812) 855-7998  
musicadm@indiana.edu

LETTER OF RECOMMENDATION

To be completed by the applicant:

Applicant Name: \_\_\_\_\_

Date of Birth:   -   -      
                  m m       d d       y y       y y

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.

To be completed by the recommender:

Name \_\_\_\_\_

Title and Department \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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 and use letterhead if possible. Please either send to us directly at the address below or sign and date the envelope along the flap if given to the student.