

PROSPECTIVE STUDENT RECOMMENDATION FORM

Please complete and submit as a pdf via email to Jill Stewart, jstewart@blinn.edu or mail to address below. All fields are required.

Student Name	Instrument				
School		City	State	Zip	
TRAIT	Excellent 10-9	Above Average 8-7	Average 6-4	Below Average 3-1	
Musical Talent; Natural Ability					
Technical Accuracy					
Rhythmic Sense/ Stability					
Sight Reading Ability					
Mental Alertness					
Initiative					
Perseverance					
Reliability					
Academic Achievement					
Potential for Success					
How long and in what capacity ha	ave you known this applic	cant?			
In what ways would the applicant	be an asset to the Blinn (College Performing Arts Prog	gram?		
Please include any additional info	rmation that will be helpfu	ıl in assessing this applicant (ı	use page 2 if necessary)):	
Date Printed Name	2	Signature			
Institution		Position			
Address		City	State	Zip	
Email		Phone			

ADDITIONAL COMMENTS