



# FIVE TOWNS COLLEGE

## DOCTOR OF MUSICAL ARTS PROGRAM

This form should be mailed to the  
FTC Graduate Admissions Office:  
305 North Service Road  
Dix Hills, NY 11746-5871  
(631) 424-7000 X 2110

### RECOMMENDATION FORM

#### Section 1. To be completed by the applicant

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Middle Name

Intended Degree Program       Music Performance       Composition and Arranging  
    Music History and Literature       Music Education

Major Instrument or Voice Classification \_\_\_\_\_

Letters of recommendation—particularly from those candidates not applying to the College directly after their undergraduate work—need not be from academic sources. Recommenders may be undergraduate or graduate instructors, employers, professional contacts, or colleagues. Knowledge of the applicant's work and performance and/or promise in the relevant field(s) as well as his or her capabilities and qualifications for graduate study are particularly helpful.

In accordance with the provisions of the Family Rights and Privacy Act, the following report is to be regarded as:

- Confidential. I waive my right of review.
- Non-Confidential. I retain my right of review.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Section 2. To be completed by the recommender

Name of person providing this recommendation \_\_\_\_\_

Title or position of recommender \_\_\_\_\_

Address of recommender \_\_\_\_\_

Phone number of recommender \_\_\_\_\_

Please describe how long you have known the applicant, and in what capacity. Include dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3. To be completed by the recommender.**

In the space below, please comment on:

- the applicant's musical and scholarly preparation for graduate work;
  - ability to pursue independent research; and
  - motivation, maturity, self-confidence, and strength of commitment as it relates to the chosen field of study.
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**Section 4. Signature**

All recommendations are for the exclusive use of the Admissions Committee. The applicant's right of access is noted on the front.

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Signature of Recommender

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Date