



PLEASE MAIL THIS FORM TO THE FTC GRADUATE ADMISSIONS OFFICE:

305 North Service Road, Dix Hills, NY 11746-5871

Phone: (631) 424-7000 x 2110

Doctor of Musical Arts Program
RECOMMENDATION FORM

SECTION 1. TO BE COMPLETED BY THE APPLICANT

Social Security No. _____ - _____ - _____

Name: _____
First Last Middle

Intended Degree Program: [] Music Performance [] Composition and Arranging
[] Music History and Literature [] Music Education

Major Instrument or Voice Classification: _____

Letter 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: _____
House #, Street Apt #

City State Zip

Phone number of recommender: () -

Please state how long you have know 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.

SECTION 4. SIGNATURE OF RECOMMENDER

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

Recommender’s Signature: _____ Date: _____