DOSSIER RECOMMENDATION

A. Instructions to the student: You must provide all information requested in Section A. Print or type your name, degree program, and level (i.e. degree program: performance, music education, etc., level: masters, doctoral).

Name _________________________________________________________________
Degree Program ____________________________ Level ______________________

Under the provisions of the Family Educational rights and Privacy Act of 1974 you will have access to the information provided in the letters of recommendation unless you have waived such access. Please sign and date below to inform us of your decision.

I hereby waive my rights of access to the letter of recommendation prepared in response to this request.

Signature of Applicant ________________________________  Date _______

OR

I do not waive my right of access to the letter of recommendation prepared in response to this request.

Signature of Applicant ______________________________  Date _______

B. Recommender: Under the provisions of the Family Educational Rights and Privacy Act of 1974 this student will have access to your comments unless he/she has waived such access.

Please attach a letter with specific comments on the student’s strengths and limitations during their time of study with you. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful.

After signing this form please return with letter of recommendation to:
College of Music, Michigan State University
Office of Admissions and Student Services
253 Music Building
East Lansing, MI 48824

Signature __________________________________ Date _______
Print Name __________________________________