

**TJC****DIRECTOR RECOMMENDATION FORM**

Applicant Name: _____

Instrument/Voice part: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

	Excellent	Above Average	Satisfactory	Poor	N/A
Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musicality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sightreading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long and in what capacity have you known this applicant? _____

Would the applicant be an asset to the music program? Comments: _____

Director Name: _____ Title: _____

Work Address: _____

City/State/Zip: _____

Work Phone: _____ E-mail: _____

School: _____ Signature: _____

RETURN TO: TYLER JUNIOR COLLEGE
 Heather Mensch, Professor/Department Chair, Music
 P.O. Box 9020, Tyler, TX 75711-9020

FOR MORE INFORMATION, CONTACT
 Heather Mensch at
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