Oregon State University Professional Teacher Education Program

Recommendation Form

(please type in the contact information below)

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| **Applicant Name:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |

NOTE TO THE APPLICANT: Please send a completed (and signed as applicable) copy of this form for each person providing you with a recommendation. The evaluator will return the form along with the letter of recommendation.  
  
NOTE TO THE EVALUATOR: The applicant is applying for admission to graduate studies in music teacher education and has given your name as a reference. We appreciate your candid appraisal of the applicant’s strengths and weaknesses, professional promise as an educator, ability to work with children or school-aged youth, and any other relevant characteristics of which we should be aware. Please describe your relationship to the applicant and the length of time you have known him/her. Your recommendation will be used for making decisions on admission. A member of our faculty may contact you for further information. Thank you for your help.

**Please return this form with your letter of recommendation.**

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| **APPLICANT** | **EVALUATOR** |
| DO NOT SIGN if you wish to retain the right of access to viewing this letter.  \_\_\_ As required by the Family Educational Rights and Privacy Act of 1974, I have waived my right to this letter, and I understand that this letter will not be available to me now or in the future.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Name Typed or Printed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | Please note whether the applicant has selected to waive the right of access to this letter. If the applicant has NOT SIGNED in the box at left, this recommendation is NOT CONFIDENTIAL.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator Name Typed or Printed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone |

**Evaluators, please send an electronic version of the completed form and letter of recommendation to:**

[wesley.brewer@oregonstate.edu](mailto:wesley.brewer@oregonstate.edu)

Dr. Wesley Brewer, Associate Professor and Coordinator of Music Education