

Authorizing Signature _____ DATE _____

Applied Music Recommendation Form
for

**Application for Music Therapy Graduate Equivalency
Professional Sequence Admission**

(Students whose Bachelor's degree was non-music only)

This form is to be completed by the student's applied instructor in the major performance medium upon completion of the first semester of Sophomore level lessons. Please complete and sign the form.

Student Name: _____ KUID#: _____

The music therapy student named above has completed the first semester of equivalent sophomore level applied music study of his/her major performance medium in your studio. Is the student making satisfactory progress toward quiz-out performance medium emphasis?

No Yes

Comments (optional) _____

The student is studying _____ as his/her major performance medium and at the current rate of progress, should be ready to perform in a senior recital in his/her senior year. No Yes

Instructor Name (Please type or print)

Signature

Date

Return form: To the student who will attach it to his/her application for admission to the professional sequence.

Original to: Div. Grad EQ Prof. Seq. Application File
cc: Student (email notice)
Division Student File (all)