

UNIVERSITY OF WISCONSIN-MADISON
DANCE PROGRAM
RECOMMENDATION FORM
TO BE COMPLETED BY YOUR
PRIVATE DANCE TEACHER OR DIRECTOR

To be completed by student who is being recommended

Name of Student (please print clearly) _____
 I will want to see this recommendation Yes _____ No _____
 Student's Signature _____ Date _____

This student may be considered for a scholarship to the University of Wisconsin-Madison Dance Program. We would sincerely appreciate your evaluation of this student's level of accomplishment and potential for college study in dance.

- 1) Name of Student (please print clearly): _____
- 2) Nature of your relationship to this student: _____
- 3) Length of time s/he has worked with you: _____
- 4) While with you, what special dance activities has this student participated in?

- 5) Additional Comments (please use reverse side or attach additional information)
- 6) Please rank this student in the following areas:

CATEGORY	Top 2% EXCELLENT	10% VERY GOOD	25% AVERAGE	50% BELOW AVG
Overall Talent				
Technique				
Musicality				
Performing Ability				
Creativity				
Dependability				
Ability to work w/others				
Prospects for success in dance				

Signature _____ Date _____
 Name _____ Phone (____) ____ - _____
 Position/Title/Institution _____ Email _____
 Address _____

Please Mail this form to:
 UW-Madison Dance Program
 Lathrop Hall Room 125
 1050 University Ave.
 Madison, WI 53706