Liberty Baptist Theological Seminary & Graduate School
Recommendation for the Master of Arts in Ethnomusicology

**Section 1** To be completed by the applicant

Name: ____________________________
First: __________________________ Middle/Maiden: __________________________ Last: __________________________

Student ID #: __________________________

Under the Federal Family Educational Rights and Privacy Act of 1974 and its amendment, students are entitled to review their records including letters of recommendation. However, those writing recommendations and those assessing them may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right of access to the recommendations or decline to do so. Therefore, please mark the appropriate phrase below, indicating your choice of option, and sign your name.

- [ ] I waive my right to review the contents of this recommendation.
- [ ] I do not waive my right to review the contents of this recommendation.

Signed ____________________________ Date __/__/____

**Section 2** To be completed by individual recommending applicant

**Familiarity with the Applicant**
1. I have known the applicant for ______ years, _______ months.
2. I know the applicant  [ ] slightly  [ ] fairly well  [ ] very well
3. I have known the applicant as (state the nature of the relationship) __________________________

**Assessment of the applicant**
To the extent to which you have a basis for judgment, please rank the applicant against others with whom you have been associated in a similar capacity. *(Mark N/A where basis of judgment does not exist.)*

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<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
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<td>Intellectual / Academic Ability</td>
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<td>Research Skills</td>
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Section 2 (continued)

Use additional paper, if needed, on the following questions.

**How would you describe the applicant’s character, ethics and professionalism?**

**What is your estimate of the applicant’s promise as a graduate student in education?**

**What are the applicant’s strengths and/or weaknesses?**

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**Information of individual recommending applicant**

Name *(please print)*: ____________________________________________ Evening Phone: (___) __________________________

Mailing Address:

Street Address:________________________________________________________________________________________

City: __________________________ State: ______ Zip Code: ________________

Email: ________________________________

Employer: __________________________ Work Phone: (___) __________________________

Title of Job or Profession: __________________________ Fax Number: (___) __________________________

Recommender’s Signature __________________________ Date ______________