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:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Top 2% EXCELLENT</th>
<th>10% VERY GOOD</th>
<th>25% AVERAGE</th>
<th>50% BELOW AVG</th>
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</thead>
<tbody>
<tr>
<td>Overall Talent</td>
<td></td>
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<tr>
<td>Technique</td>
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<tr>
<td>Musicality</td>
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<tr>
<td>Performing Ability</td>
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<td>Creativity</td>
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<td>Dependability</td>
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<td>Ability to work w/others</td>
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<tr>
<td>Prospects for success in dance</td>
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</tbody>
</table>

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