

Special Talent Form

FOR APPLICANTS WITH SPECIAL TRAINING IN THE ARTS

We hope to obtain the most complete picture of your ability and training in the arts. Your evaluation of your qualifications and a recommendation from an instructor who knows your work well will be helpful additions to your admission credentials. (Note: If you are submitting a tape, CD or slides, please attach a label with your name. Also indicate if it is a vocal or instrumental work and identify the instrument and the piece.) Please answer the questions below; then ask your instructor to complete the reverse side and return the form directly to the Office of Admission.

Name of applicant _____ Social Security number _____ / _____ / _____

What is your field of interest in the arts?

How many years of formal study have you had in this field?

Where have you studied?

List concerts, performances, exhibitions, membership in performance groups or professional experience in this field.

Please evaluate your abilities in your field of art.

How serious is your interest? To what extent do you plan to pursue this interest in college?

Please ask your instructor in this field to complete the reverse side and return the form to the Office of Admission.

INSTRUCTOR'S STATEMENT

We would like your assessment of this applicant's artistic performance level and talent. We appreciate any assistance you can give us by answering the questions below. We will protect the confidentiality of your report as permitted by law, but suggest you include only information you would be willing the applicant see should she request it.

What art form have you taught the applicant?

How long and how well have you known her?

Based on your observation, please evaluate her talent, imaginative qualities and potential for artistic growth.

How serious is this student's study of her art form? How disciplined is she? How does she respond to criticism?

Please comment on any qualities or circumstances that would aid or hinder this applicant in a demanding liberal arts program.

SIGNATURE

DATE

Please print name

Title

Address

Street

City

State

ZIP code

Telephone ()

Ext.

E-mail