



**Texas State School of Music RECOMMENDATION FORM**  
*To be completed by Applicant: (PRINT LEGIBLY or TYPE)*

**Full Legal Name:**

\_\_\_\_\_  
(First) (Middle Initial) (Last)

**Address:**

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

=====

**To be completed by Recommender:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

School/Company Name:

\_\_\_\_\_

Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

In what capacity do you know the Applicant?

\_\_\_\_\_

=====

Recommender's comments about the Applicant: (please attach additional sheets if necessary)

Recommender's signature \_\_\_\_\_

Mail or FAX this completed form to:

School of Music/Auditions  
Texas State University  
601 University Drive  
San Marcos, TX 78666

Fax: (512) 245-8181