Recommendation Form

Department of Theatre
Columbus State University
4225 University Avenue
Columbus, Georgia 31907
706-507-8400

Applicant: Fill out the lines below and give this form to a person well acquainted with your theatrical abilities.

Name_____
First Middle Last

Degree Sought: (circle one) BFA: Performance BFA: Design/Tech BSEd BA

____ I waive my right to view this recommendation

____ I do not waive my right to see this recommendation

Recommender: Thank you for taking the time to complete this form. Your responses to the following questions will supplement information gained during the audition process so that we may have a more complete idea of the applicant's abilities and stage of development. If you have no basis for answering one of the questions, mark it "no basis for answer." Please be aware that the applicant may or may not have waived his or her right to see what you have written.

1. What is your relationship to the applicant? _____

2. How long have you know him or her? _____

3. What are the applicant's greatest theatrical strengths?

4. In what theatrical aspects is the applicant working for improvement?

5. For what theatre career do you think the applicant is best suited?

6. In a short paragraph, give your evaluation of the applicant's accomplishments and potential in his/her chosen field.

7. What words come to mind when you think of the applicant's personality or character?

8. How does the applicant relate to others?

9. Feel free to use the back of this form to write anything else you think would give us a better understanding of the applicant. Recommendations need to be in the Department of Theatre two weeks prior to the audition date.

Name (please print) _____ Date _____

Signature _____ Position _____

Institution _____ Telephone _____