



UNIVERSITY OF GEORGIA

Musical Theatre Certificate Reference Form

To be filled out and signed by a professor, director, teacher. *No family members.*

Please return to George Contini, Department of Theatre and Film Studies by **September 22.**

The referee may send it directly to Professor Contini at gcontini@uga.edu or it may be included in the student's online submission.

Applicant's Name _____

Phone _____ E-mail _____

This reference is _____ confidential _____ not confidential

II. This section to be completed by the referee

Name and title of referee _____

Phone _____ E-mail _____

1. How long have you known the applicant and in what capacity?

2. What do you consider to be the candidate's best qualities to consider for acceptance into the Musical Theatre Certificate Program?

3. Is there any reason why you would not recommend that the applicant be accepted into the Musical Theatre Certificate Program?

Please indicate your perceptions of the applicant's competence in the following:

	Below Inadequate Average Opportunity	Average	Above Average	Outstanding	To Observe
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Singing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other remarks may be written or typed on the back of this form or on a separate sheet.

Signature of Referee _____ Date _____