

## Reference Form For Musical Theatre Certificate Program

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

Please return to: George Contini, Dept of Theatre and Film Studies by October 20, 2021.

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

Email: [gcontini@uga.edu](mailto:gcontini@uga.edu)

Applicant's Name \_\_\_\_\_

Applicant's local telephone \_\_\_\_\_ E-mail \_\_\_\_\_

This reference is \_\_\_\_\_ confidential \_\_\_\_\_ not confidential

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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 areas:

<b>Area</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>	<b>Inadequate Opportunity To Observe</b>
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 \_\_\_\_\_