

# PROSPECT VISIT DETAILS FORM



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

Date of Visit: \_\_\_\_\_

Did the student play for you/receive a lesson?     YES     NO

If evaluated at the time of visit please rate the student's musical talent on a scale from 1-10 (circle one):

1      2      3      4      5      6      7      8      9      10

Would you recommend that the School of Music actively pursue recruiting this student?     YES     NO

Comments (optional): \_\_\_\_\_

Please return this form to the music office (RSL 115) within 1 week of each prospective student's visit.

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