2014–15 Theatre Recommendation Form

UNIVERSITY OF NORTHWESTERN
ST. PAUL

3003 SNELLING AVE. NORTH | ST. PAUL, MN 55113-1598 | 651-286-7495 | FAX 651-631-5124 | dcrainbow@nwc.edu | unwsp.edu/theatre

To be completed by reference: Scholarship Applicant _____

The student whose name is listed above has applied for a theatre scholarship at University of Northwestern. Your report on the applicant's qualifications will be reviewed during deliberations. Thank you for any information that you can provide.

1. Please indicate your relationship to the student as it relates to theatre: _____

_____

2. How long have you known the applicant in this context? _____

3. In what areas of theatre have you directly been involved with this applicant's work? _____

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4. What is your assessment of the applicant's ability/knowledge in these areas? _____

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Please return to:

University of Northwestern Theatre Department
Attn: Dr. Don Rainbow
3003 Snelling Ave. North
St. Paul, MN 55113-1598

Local: 651-286-7495
Toll Free: 866-853-2455
Fax: 651-631-5124
unwsp.edu/theatre

COMPLETE BOTH SIDES

5. Please use this space for other comments you wish to make. (You may attach a letter if more comments are desired.)

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Signature of reference _____ Date _____

Name _____ Title _____ Phone (_____) _____

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