



Blended Learning
Analytical Music Therapy Certification
Letter of Recommendation

To be completed by the applicant's clinical supervisor (preferred) or professor

Applicant Name: _____

	Exceptional (Top 5%)	Outstanding (Top 15%)	Above Average (Top 1/3)	Average (Middle 1/3)	Below Average (Bottom 1/3)	Unable to Assess
Musicianship						
Intellectual Curiosity						
Psychodynamic Understanding						
Imagination & Creativity						
Clinical Proficiency						
Openness & Flexibility: Ability to Work with Others						
Work Ethic						
Maturity						

Overall rating:

Strongly recommend Recommend Recommend with reservations Do not recommend

Comments: _____

Signature: _____ **Date:** _____

Name of Recommender: _____

Title: _____

Organization: _____

Address: _____

Phone: _____ **E-mail:** _____

Please submit the completed recommendation form directly to Dr. Kim at skim@molloy.edu

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