



**Blended Learning**  
**Analytical Music Therapy Certification**  
**Letter of Recommendation**

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

**Applicant Name:** \_\_\_\_\_

|  | <b>Exceptional</b><br>(Top 5%) | <b>Outstanding</b><br>(Top 15%) | <b>Above Average</b><br>(Top 1/3) | <b>Average</b><br>(Middle 1/3) | <b>Below Average</b><br>(Bottom 1/3) | <b>Unable to Assess</b> |
|--|--------------------------------|---------------------------------|-----------------------------------|--------------------------------|--------------------------------------|-------------------------|
| Musicianship   |                                |                                 |                                   |                                |                                      |                         |
| Intellectual Curiosity                                 |                                |                                 |                                   |                                |                                      |                         |
| Psychodynamic Understanding                            |                                |                                 |                                   |                                |                                      |                         |
| Imagination & Creativity                               |                                |                                 |                                   |                                |                                      |                         |
| Clinical Proficiency                                   |                                |                                 |                                   |                                |                                      |                         |
| Openness & Flexibility:<br>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](mailto:skim@molloy.edu)*

*Molloy College Department of Music*  
1000 Hempstead Avenue  
Rockville Centre, NY 11571  
516.323.3320 | [skim@molloy.edu](mailto:skim@molloy.edu)  
[www.molloy.edu](http://www.molloy.edu)