

Berklee College of Music  
President's Office of Education Outreach/City Music Boston

### Berklee City Music: Character Reference Form

Applicant please complete this section and print.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone#: \_\_\_\_\_ Email: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ Principal Instrument: \_\_\_\_\_

Teacher, parent or other reference qualified to comment knowledgeably on the candidate's character please complete this section. Please print.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone#: \_\_\_\_\_ Email: \_\_\_\_\_

How long and in what capacity have you been associated with the applicant? \_\_\_\_\_

\_\_\_\_\_

Please comment on the applicant's character and suitability for college-level study.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a Berklee alumnus/a? Yes No

Name (please print): \_\_\_\_\_ Title, if appropriate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Berklee City Music Boston would like to thank you and assure you that your comments and observations regarding the applicant will remain confidential and will be of great assistance in evaluating the applicant's credentials for admission. Berklee City Music is in compliance with 201 CMR 17.00. To ensure the protection of personal information all applications are processed and confidentially contained

Return to:  
City Music Field Recruitment Assistant  
Berklee City Music Boston  
1140 Boylston Street, MS-921 EDCOM  
Boston, MA 02215