

Your name _____

Title _____

Phone #: _____

E-mail address: _____

May we contact you if we have any questions? Yes No

If so, preferred method: Phone E-mail

Course(s) taught to student (w/ date(s)) _____

How long & in what capacity do you know the student? _____

As of September 2021, the student will be a _____ (Soph./Jr./Sr.)

Applicant's name

RATINGS: Compared to other students you have taught, please rate this student on a scale of 1 (lowest) to 5 (highest) in the following categories:

____ Academic Potential

____ Academic Achievement

____ Resourcefulness

____ Maturity

____ Dependability

____ Communication skills

____ Class participation

RATINGS (Cont'd)

____ Desire to learn

____ Comes prepared

____ Drive

____ Helps others

____ Knows what they want

____ Music career potential

ADDITIONAL COMMENTS: Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student. Please sign and date any additional sheets.

Signature

Date

Please return this recommendation form by April 15, 2021 to: manager@theccc.org

Or by mail at:

The California Copyright Conference
P.O. BOX 57962
Sherman Oaks, CA 91413
www.theccc.org