



SUMMER THEATER | WALNUT HILL

recommendation for admission

To be completed by applicant (please type or print)

Applicant's Name _____

Address _____

City/State/Zip _____

Phone () _____

To be completed by Instructor/Nominator (please type or print)

Please comment on this student and his/her ability to participate successfully in an intensive summer theater training program. Please consider the student's maturity, character, discipline, and ability to work with others. (You may use the back of this sheet.)

Among the students you have taught, how do you consider the applicant?

- Poor
- Fair
- Average
- Above Average
- Excellent

Name _____

Institutional affiliation (if any) _____

Length of time you have known the applicant _____

Home Address _____

City, State, Zip _____

Occupation _____

Title/Position _____

Home Phone () _____ Business Phone () _____

Signature _____ Date _____

Please return this form to:
 Walnut Hill School
 Office of Admission & Placement
 12 Highland Street
 Natick, MA 01760
 fax: (508) 655-3726
 phone: (508) 650-5020

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