

Professor/Director Recommendation Form

University of La Verne
Department of Theatre Arts
College Transfer Scholarship Auditions
November 8, 2003, 10:00am

Professor/Director's Name: _____

College/Organization: _____

Contact phone or email: _____

I recommend the following students, who are looking to transfer to a 4 year college, to audition for scholarships at the University of La Verne:

Name	Address	City/State/Zip	email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please make additional copies of this form if necessary.
Please call Jessica with any questions: (909) 593-3511x4553

RETURN DEADLINE: NOVEMBER 1, 2003

by mail: University of LaVerne, Department of Theatre Arts
Attn: Jessica Wotherspoon
1950 Third Street, La Verne, CA 91750
by fax: (909) 392-2787
by email: wothersp@ulv.edu