

Advisor Final Recommendation

Date: _____

**Advisor Final Recommendation
Music Leadership Credentialing Program**

Credentialing Program Candidate: _____

Advisor's Name (printed): _____

Advisor's Phone Number: _____

Advisor's E-mail Address: _____

Please use this space to describe the candidate's growth as a music leader while in the program. We ask that you give thoughtful, candid, and carefully considered responses.

Your signature on this form indicates that you believe this candidate has completed all of the MLCP requirements and should be awarded the status of Credentialed Music Leader.

Advisor's Signature (typed name/ electronic signature acceptable):

Please submit a signed electronic version (electronic signature is acceptable) of the completed form to Jan Gartner, jgartner@uua.org.