



GRADUATE STUDY AT FISK UNIVERSITY

Letter of Recommendation

To be completed by applicant:

Name _____
Last First Middle U.S. Social Security Number

Department to which you are applying _____ Program (if applicable) _____

I agree that the recommendation I am requesting shall be held in confidence by Fisk University and hereby waive my rights of access to this recommendation form. Yes No

Signature _____ Date _____

To be completed by the recommender:

Please rate the applicant relative to other students or employees who have undertaken graduate study in recent years.

	Top 2%	Top 10%	Top 25%	Top 50%	Lower 50%	No basis for judgement
Academic Performance						
Intellectual Ability						
Motivation and Diligence						

The University would appreciate a statement from you about this applicant. How long and in what capacity have you known the applicant? What is your assessment of the applicant's strengths and weaknesses? What is your opinion of the applicant's ability to carry on study and research at the Master's level? Please include any additional information that would be helpful to the University in evaluating the applicant. Use an additional sheet if necessary.

Name of Recommender _____

Institution _____ Position _____

Signature _____ Date _____

Please return this form to the Office of Admissions, Fisk University, Nashville, TN 37208-3051