



# FISK UNIVERSITY

## Graduate Study

### Letter of Recommendation

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**To be completed by applicant:**

Name \_\_\_\_\_  
Last First Middle

Department to which you are applying \_\_\_\_\_

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.  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**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 judgment
Academic Performance						
Emotional Stability						
Intellectual Ability						
Motivation and Diligence						
Speaking Ability						
Teaching Ability						
Writing Ability						
Work Ethic						
Ability to Work Independently						

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, 1000 – 17<sup>th</sup> Ave. N., Nashville, TN 37208.