



TUSKEGEE
UNIVERSITY



RECOMMENDATION FORM

Applicant must complete top portion (please type or print). Recommender MAY NOT be a family member.

Applicant Name _____

- I agree to waive my rights to the content of this recommendation.
- I DO NOT agree to waive my rights to the content of this recommendation.

Applicant Signature _____ Parent/Guardian Signature _____



To be completed by recommender.

How long and in what capacity have you known the applicant? _____

Please rate the applicant in the following areas.

	Top 10%	Top 25%	Top 50%	Cannot rate
Motivation for academics				
Maturity				
Diligence				
Ability to work with others				
Reasoning skills				
Written communication				
Oral communication				

Please provide a written evaluation in the space below of the applicant, describing your knowledge of the applicant and emphasizing his/her potential for success in the Verizon Innovative Learning Program for Minority Males.

Name of Recommender _____ Organization and Title _____

Telephone _____ Email _____

Signature _____ Date _____

Please place this form and your letter in a sealed envelope, sign your name across the flap, and return to the applicant or submit via email, fax or regular mail – tuvil2018@gmail.com, 334-727-8552 or VIL Program, ATTN: Olga Bolden-Tiller, 103 Mary Starke Harper Hall, Tuskegee, AL 36088