



Recommendation Form											
		Instruction	ons To Applica	ants							
Please complete the top section of this form	n which				tched to	your ap	plication.				
Last		First						Middle			
Date of Birth (mm/dd/yyyy)	Applicant Email Address					Applicant Phone Number					
Planned Course of Study						Term					
In accordance with the Family Education Rights and Privacy Act of 1974, applicants may waive their right to see letters of recommendation. Please indicate your choice and sign on the appropriate line below. If you choose to retain your right, you may read this recommendation if you enroll in the Tuskegee University Graduate School.  I waive my right to see this recommendation  I retain my right to see this recommendation											
Signature (Please type your name)											
		Е	valuation								
Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant will have access to the information in this evaluation unless he or she has waived their right to review this recommendation.											
How long and in what capacity have you kno	wn the	applicant?									
Please compare this applicant with others you have recommended to graduate study:											
Select from the following				Weak	Below Averag		verage	Above Average	Exceptional	No Basis to Judge	
Depth of Knowledge in the Proposed Field of Study.											
Motivation – Perseverance toward chosen goals.											
The intellectual ability for graduate work.											
Responsibility/Integrity/Ethical Standards – Accepts feedback, takes responsibility for own behavior, and works independently. Trustworthy, dependable, and reliable.											
Initiative/ Ability to work independently. Be prompts. Ask questions and makes sugges											
Problem-Solving Skills – Able to analyze and solve problems effectively. Seeks additional information when necessary.											
Organizational Abilities – Able to plan, scheenvironmental demands. Flexible.	to adapt to										
Leadership – Has the ability to encourage participation from others. Interacts well with groups and facilitates task completion.											
Ability To Work With Others – Respectful of others' opinions, active in group discussions.  Team oriented.											
Effectiveness In Speaking – the ability to make a clear, concise oral presentation of facts, ideas, or opinions.											
Effectiveness In Written Communication – Writes clearly. Demonstrates an ability to organize information, exchange, and share ideas.											
Self-Assessment – Able to reflect on own abilities and weaknesses. Initiates and completes plans for change.											
Able to plan and conduct research – Willingness to investigate information, able to conceptualize material.											
Please select the option that best describes	your c	overall recommendation o	of the individual:			-				,	
Strongly Recommend		Recommend	Recomm	mend with F	Reservatio	ns		Not F	Recommend		

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Narr	ative	
Optional:		
In the space below, you may provide a written assessment of this a especially interested in information that will help us to understand the professional excellence.  If you prefer, feel free to attach a letter to this form.	pplicant's potential to complete a gradua lose intangible qualities, which so often	ate-level program. We are contribute to academic and
Eval	uator	
Name and Title of Evaluator		
Organization		
Address		
Email Address	Telephone	
Signature (Please Type your name)		Date

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