LIBERTY UNIVERSITY
Department of Nursing
Master of Science in Nursing
RECOMMENDATION FOR GRADUATE PROGRAM

Academic Reference

I. To be completed by the applicant (please print)

Applicant Name_________________________________________________

Last              First   Middle/Maiden

Under the Federal Family Educational Rights and Privacy Act of 1974 and its amendment, students are entitled to review their records including letters of recommendation. However, those writing the recommendations will remain confidential. It is your option to waive your right of access to the recommendations or to decline to do so. Therefore, please mark the appropriate phrase below, indicating your choice of option, and sign your name.

I waive my right to review the contents of this recommendation

I do not waive my right to review the contents of this recommendation

Signed________________________________________________Date______________

II. Recommender’s Comments

A. Knowledge of the Applicant

1. I have known the applicant for _____years, _____months.
2. I know the applicant _____slightly, _____fairly well, _____very well.
3. I have known the applicant as (state the nature of the relationship)

B. To the extent to which you have a basis for judgment, please rank the applicant against others with whom you have been associated in a similar capacity. (Mark N/A where basis of judgment does not exist.)

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<th>Upper 2%</th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
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<td>Intellectual/Academic Ability</td>
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<td>Research Skills</td>
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<td>Computer Skills (i.e., word processing, spread sheets, data analysis packages)</td>
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<td>Library Research Skills</td>
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<td>Written Communication</td>
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C. How would you describe the applicant’s character, ethics, and professionalism? (Use additional paper, if needed.)

D. What is your estimate of the applicant’s promise as a graduate student, strengths and weaknesses? (Use additional paper, if needed.)

E. Printed Name _______________________________________________________
   Title _______________________________________________________
   Address _______________________________________________________
   Telephone Number    ____________________     _______________________
   Home                      Work
   ____________________________________________________  ___________________
   Signature        Date

Please mail this recommendation to:
Dr. William Wegert, Director of Graduate Admissions
1971 University Blvd. Lynchburg, VA  24502