

**School of Nursing Recommendation for Graduate M.S.N. Program**

**SECTION 1: COMPLETED BY THE APPLICANT**

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 and assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to access the recommendation or decline. Please indicate your choice and sign:

I want to waive my rights to review the contents of this recommendation.

I decline to waive my right to review the contents of this recommendation.

Your Name: \_\_\_\_\_ LUID: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

*Please sign the form with a physical signature. Forms signed with a digital or stamped signature are invalid.*

**SECTION 2: COMPLETED BY THE APPLICANT'S REFERENCE**

**THE APPLICANT'S REFERENCE MUST BE A NURSE MANAGER WHO COMPLETES THE APPLICANT'S ANNUAL EMPLOYMENT APPRAISAL.**

***Knowledge of the applicant:***

1. The applicant has at least one year of nursing practice as a registered nurse? Please circle one: Yes No

2. I have known the applicant for: \_\_\_\_\_ years. If less than a year how many months: \_\_\_\_\_

3. I know the applicant:           slightly           fairly well           very well

***How would you describe the applicant's character, ethics and professionalism?***

**SECTION 2: CONTINUED**

*Considering the applicant's aptitude for nursing clinical practice and course work, what is your estimate of the applicant's potential as a graduate student in nursing? (Make font fit in PDF document)*

*Please rank the applicant against others with whom you have been associated in a similar capacity.*

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Below 50%	No Basis to Evaluate
Academic Ability						
Breadth of Nursing Knowledge in Practice Area						
Computer skills (Internet, Word, Excel, PowerPoint, and others with may include statistical packages)						
Oral Communication Skills						
Written Communication Skills						
Caring and Interpersonal Skills						
Ability to Receive Constructive Feedback						
Initiative and Work Ethic						
Leadership Ability						
Analytical and Research Ability						

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Title/ Profession: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Nursing/Professional Credentials: \_\_\_\_\_

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

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