



# DIVISION OF NURSING

## GRADUATE NURSING PROGRAM: Recommendation Form

This Form must be given back to the applicant in a sealed envelope with the evaluator's signature across the seal.

**Instructions to the Applicant:** Type or print in black ink your information and the information of the evaluator or person familiar with your professional or academic performance to whom you are forwarding these recommendation form. Please use your full name as it would appear on *your* Social Security Card or Passport.

### General Information Applicant:

Name:			Previous Applicant?	YES / NO
Address:			Social Security #:	- -
City:			Date of Birth:	/ /
State:	Zip:		Daytime #:	( ) -
Country:			Mobile #:	( ) -
E-mail:			Evening #:	( ) -

### Evaluator:

Name:			Title:
Address:			Degree:
City:	State:	Zip:	Daytime #:
Country:			Mobile #:
E-mail:			Evening #:

Type of reference (check one):  Educator  Supervisor  Character

The Family Education Rights and Privacy Act of 1974 permits you to review letters of recommendation. You may waive this right in order to allow your recommender to submit a confidential letter on your behalf. You must complete the following statement indicating whether you do or do not waive this right.

I hereby  waive  do *not* waive the right to review this letter.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions to the Evaluator:** Please give a candid evaluation of the applicant's potential for successfully completing the Graduate program by responding to the following questions. Please complete promptly and return this recommendation form to the applicant in a sealed and signed envelope. We strongly prefer that you complete the questions listed in this evaluation form. We thank you for your time and effort.

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

---

---

---

2. What do you consider to be the applicant's major strengths and accomplishments as they pertain to suitability for the advanced practice role and success in graduate program?

---

---

---

---

3. What do you consider to be the applicant's weaknesses?

---

---

---

4. Please rate the applicant on the following categories with reference to potential for success as an advanced practice nurse.

	Outstanding (Top 2%)	Excellent (Top 10%)	Good (Top 25%)	Average (25%-75%)	Below Avg. (Under 25%)	N/A
Application of Knowledge						
Spoken English						
Communication Skills						
Clinical Skills, Oral & Written						
Emotional Maturity						
Judgment and Decision Making Ability						
Dependability						
Integrity						
Awareness of Need for Assistance or Supervision						
Productivity						
Effectiveness						
Interaction with Clients, Peers, Subordinates, & Supervisors						
Overall Assessment for Graduate Study						

5. Please comment on the ratings you assigned above and provide any further comments about the applicant's record, potential, or personal qualities that may be helpful to the Admissions Committee.

---

---

---

---

6. Please check **ONE** as appropriate:

- I recommend this applicant strongly
- I recommend this applicant
- I recommend this applicant, but with reservation

Evaluator's Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

**RETURN COMPLETED FORM to the applicant in a sealed envelope, signed across the seal.**