



LETTER OF RECOMMENDATION

**Graduate Nursing
Program**

PART I – TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT _____

PROPOSED ROLE FOR GRADUATE STUDY

- | | |
|---|--|
| <input type="checkbox"/> MSN - Nurse Educator | PhD DNP |
| <input type="checkbox"/> MSN - Healthcare Administrator | MSN - Nurse Practitioner (specify) _____ |
| <input type="checkbox"/> MSN - Nurse Anesthetist | Postmaster's (specify) _____ |

NAME OF PERSON COMPLETING REFERENCE _____

- I DO I DO NOT wish to waive my right of access to this letter of recommendation as conferred by the Family Educational Rights and Privacy Act of 1974.

Signature of Applicant

PART II – PERFORMANCE RATING

Please rate the applicant in comparison with other students/employees whom you have known in recent years.

| Characteristic | Unable to Judge | Below Average | Average | Above Average | Outstanding |
|-------------------------------------|-----------------|---------------|---------|---------------|-------------|
| Academic/Scholarly Performance | | | | | |
| Motivation/Commitment to Profession | | | | | |
| Analytical Thinking/Potential | | | | | |
| Research Ability/Potential | | | | | |
| Expressive Communication: Oral | | | | | |
| Expressive Communication: Written | | | | | |
| Leadership Ability/Potential | | | | | |
| Ability to Work Independently | | | | | |

How do you rank the student among other students in the field? Top 5% Top 10% Top 25% Other _____

PART III – NARRATIVE DESCRIPTION *(Please print or type.)*

We are most interested in your assessment of the applicant's strengths and weaknesses, professional contributions, ability to work independently, creativity, and aptitude for advanced study. Please also indicate how long you have known the applicant and in what capacity. Do not hesitate to supply any other information you think is pertinent to this application.

SIGNATURE _____ DATE _____

NAME _____ PHONE _____

TITLE/POSITION _____ EMAIL _____

INSTITUTION _____

ADDRESS _____