



LETTER OF RECOMMENDATION

**BSN/MSN Gateway
Program for Registered Nurses**

PART I – TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT _____

PROPOSED COURSE OF STUDY

- BSN ONLY
 BSN/MSN Gateway Program for Registered Nurses

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 _____

NAME _____ PHONE _____

TITLE/POSITION _____ EMAIL _____

INSTITUTION _____

ADDRESS _____