

Graduate Recommendation Form

Ida V. Moffett School of Nursing
Samford University

Applicant Information (This portion must be completed by the applicant. Please print legibly or type.)

Name _____
Last
First
Middle

Address _____
Street/Box Number
City
State
Zip

Proposed Program of Study

- Education
 FNP
 Management
 Nurse Anesthesia
 Post M.S.N./Education
 Post M.S.N./FNP
 Post M.S.N./Management
 Nurse Executive (M.S.N./M.B.A.)

Name of Person Providing Reference

Name _____
Last
First
Middle

All M.S.N. applicants should provide each of the following types of references:

- Academic
 Immediate Supervisor
 Professional Colleague

The Family Education Rights and Privacy Act of 1974 entitles School of Nursing graduate applicants to have access to letters of evaluation. Applicants should understand that the individual completing this form is likely to be more candid if they know their comments are confidential. If you wish to waive your right to access this letter of evaluation, please sign your name on the line below the following statement.

I, the undersigned, hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in this letter of evaluation.

Applicant's Signature
Date

Reference Information

This portion must be completed by the person providing the reference. Please complete the information requested on both sides of this form. Use additional pages if necessary. Your comments will be held completely confidential if the applicant has signed the statement above.

Qualifications

Please check the appropriate box:

	Excellent	Good	Average	Below average	No basis for judgment
Intellectual ability					
Critical thinking ability					
Inquisitiveness					
General understanding of proposed area of study					
Verbal communication of ideas					
Written communication of ideas					
Industry and perseverance					
Emotional stability					
Professionalism					
Independence					
Creativity, imagination					
Leadership ability					
Interpersonal skills					

Please describe your relationship to the applicant and how long you have known the applicant.

What specific qualities does the applicant possess that make the applicant well-qualified for advanced study in nursing?

What additional comments would you like to share about this applicant?

Name (Please print.) _____
Last First Middle

Position or Title _____

Business Address _____
Street/Box Number City State Zip

E-mail Address _____ Daytime Phone _____

May faculty contact you for further questions? Yes No

If yes, what is your preferred method? Daytime Phone E-mail Other

Signature of Person Providing Reference Date