

# Recommendation Form

School of Nursing Master of Science in Nursing



**Please mail directly to:**

Graduate Coordinator, School of Nursing,  
Anderson University, 1100 E. 5th St., Anderson, IN 46012-3495

**To be completed by applicant**

Applicant name

LAST

FIRST

MIDDLE

**To be read by applicant and recommender**

Under the Family Rights and Privacy Act of 1974, students enrolled at Anderson University have access to their admission records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed a waiver, it is assumed that this letter is submitted with the recommender's understanding that the applicant, once registered at Anderson University, may request to see the letter. The alternative selected will not affect consideration of the application for admission.

If you wish to waive your right to examine this letter of recommendation, please sign here:

Signature of Applicant

Date

**To be completed by recommender**

1. How long have you known the applicant? \_\_\_\_\_
2. Summary evaluation: Using the chart, rate the applicant relative to others you have known in a similar capacity.

	Outstanding	Excellent	Good	Fair	Poor	Not Observed
Intellectual Potential						
Leadership Potential						
Creative Ability						
Persistence						
Judgment						
Maturity						
Energy Level						
Oral Communication Skills						
Written Communication Skills						
Organizational Skills						
Flexibility in work-related situations						
Adaptable to change						
Ability to analyze problems and form solutions						
Ability to work with others						
Ability to work independently						
General knowledge level						
Motivation for graduate study						

---

3. Under what circumstances have you known the applicant?

---

---

4. What do you consider to be the applicant's most outstanding talents, strengths, or personal characteristics? Weaknesses?

---

---

---

---

5. Please comment on your assessment of the applicant's work or other life experiences that would be important to succeeding in the graduate program.

---

---

---

---

6. Please comment on the applicant's potential for future professional success.

---

---

---

---

---

7. Additional comments

---

---

---

**Recommender information**

Name *(please print)* Telephone Date

Position Organization

Address City State ZIP

Signature E-mail

---