# GRADUATE SCHOOL RECOMMENDATION

*Bloomsburg University*

*Master of Science in Nursing*

***Recommendations must be from faculty or professionals who have knowledge of your academic and clinical abilities.***

Applicant _____

Address _____

**Authorization for Wavier:** To be read and signed by the applicant.  Note:  This wavier is not required as a condition of admission to Bloomsburg University.

*I understand my right under the Family Education Rights and Privacy Act of 1974 to review confidential appraisals placed in my file that are submitted with reference to graduate school.*

I do ( )  do not ( )  waive my rights to review this reference report.

_____          _____

Date                                 Signature of Applicant

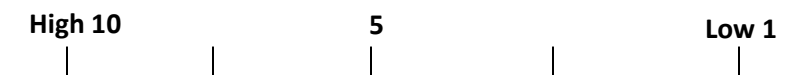_____

How long have you known the applicant? _____

Applicant known because he/she was:      *student* _____  employee _____  colleague _____

*Other (explain):* _____

Please rate the applicant on the following measures.

|  | Excellent | Above Average | Average | Below Average | Unable to Judge |
|---|---|---|---|---|---|
| Academics |  |  |  |  |  |
| Oral Communication |  |  |  |  |  |
| Written Communication |  |  |  |  |  |
| Research Skills |  |  |  |  |  |
| Learning Attitude |  |  |  |  |  |
| Commitment |  |  |  |  |  |
| Service |  |  |  |  |  |
| Independence |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Emotional Stability |  |  |  |  |  |

On the line below, indicate the level of confidence you have for this student's <u>successful completion</u> of a graduate program in Nursing.

**High 10**                              **5**                              **Low 1**

**Please elaborate on the following questions:**

1. Outline the candidate's position and responsibilities in their current role or past role:

2. Please list the candidate's qualifications, skills, abilities and/or accomplishments?

3. Sum up why you are recommending the individual in a few lines:

Printed Name: _____

Signature: _____

Institution: _____

Phone: _____