



**Recommendation Form for Admission to the Master of Science in Nursing
Clinical Nurse Leader Program**

Applicant Data:

Last name: _____ First name: _____

Reference Name:

Last: _____ First: _____ Credentials: _____

Organization: _____

Role/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Email: _____

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including recommendation forms. It is your option to waive your right to access the recommendation form. Please mark the appropriate phrase below, indicating your choice of option, and sign your name:

I waive my right to review this recommendation

I do not waive my right to review this recommendation

Applicant's signature: _____ Date: _____

Recommendation (to be completed by person submitting recommendation)

How long have you known the applicant? _____ Years _____ Months

In what capacity have you known the applicant?

Coworker Student Manager/Supervisor Other (Describe) _____

Please rate the applicant on the following characteristics:

Quality or Skill	1 Below Average	2 Average	3 Above Average	4 Exceptional
Ability to work independently				
Clinical competence				
Clinical judgment/Clinical Reasoning				
Communication				
Written				
Oral				
Interpersonal				
Computer				
Critical thinking				
Creativity				
Dependability				
Flexibility				
Integrity				
Leadership ability				
Motivation				
Perseverance				
Stress management				
Team work				
Team management				
Time management				

Please explain why you are recommending this person for graduate school.

Please indicate your overall endorsement of the applicant by marking the appropriate box below.

- Highly recommend
- Recommend
- Recommend with reservations
- Not recommend

Recommender's signature: _____ Date: _____