

Master of Science in Nursing

Request for Recommendation

Instructions to Applicant: Applicants seeking admission to the MSN program are asked to obtain three letters of professional or educational references. Please sign the waiver below and ask those recommending you to complete the Request for Recommendation form below. The applicant should provide the respondent with a stamped envelope addressed as follows:

Office of Graduate Services, Rm. 141 Pullen Hall, Frostburg State University, Frostburg, Maryland 21532-1099.

Mr./Ms. _____ is applying for admission to the Master of Science in Nursing program at Frostburg State University. The applicant and admission committee will appreciate your completing this form and returning it at your earliest convenience to the Program Coordinator. If you would rather write a letter, either in addition to or in place of this form, please feel free to do so.

Applicant's Statement: I am aware that under the Congressional Family Educational Rights and Privacy Act of 1974, I am not required to, but that I may voluntarily waive my right to access to confidential letters and statements of recommendation submitted to Frostburg State University in support of my application. I further understand that under the provision of the Family Educational Rights and Privacy Act, an unsuccessful applicant, regardless of whether such applicant has signed a waiver, has no right to inspect any of the admission application materials accumulated in his/her case. The giving of a waiver shall not be regarded as a condition for admission to, receipt of financial aid from, or receipt of any other services or benefits from the University.

I hereby: _____ do _____ do not waive my rights of access to any and all letters or statements of recommendation which may be submitted by _____ (*applicant must specify name of person submitting before sending form to that person*) in connection with my application to the M.Ed. in School Counseling program.

Signature of Applicant _____

Date _____

Applicant's Social Security Number: _____

Knowledge of Applicant

1. Approximately how long have you known the applicant? _____ years _____ months
2. How well do you feel you know the applicant? _____ slightly _____ well _____ very well
3. What is the nature of your contacts with the applicant?

Teacher _____ Supervisor _____ Mentor _____ Co-worker _____

Other (specify):

4. In comparison with other BSN nurses you have known, how would you rank the applicant's:

	<u>Exceptional</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Poor</u>	<u>No Information</u>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you accept the candidate as one of your own graduate students if you were in a position to do so?

_____ Definitely, I am certain he/she will be successful as a MSN prepared nurse.

_____ Yes, I'd give him/her a chance.

_____ Probably, but with some reservations.

_____ Maybe, but with many reservations.

_____ No.

Please type or print your responses to the following.

6. Briefly describe this person's relationships with patients and/or colleagues.

7. Do you have any information related to character and temperament which should be considered by an admissions committee or should be taken into account in planning the student's graduate work?

Yes _____ No _____ If yes, please elaborate.

8. What are the applicant's outstanding assets?

9. Please describe any limiting factors which should be considered by an admissions committee when deciding on admission into the Master of Science in Nursing program at Frostburg State University?

10. If possible, please comment on the applicant's ability to write major papers at the graduate level.

11. This space is for any additional comments, information, predictions.

12. This candidate is recommended to you:

_____ strongly _____ moderately _____ weakly _____ not at all

Signature of respondent

Date

Name (printed or typed)

Title

Institution/Organization

Address (City, State, Zip)