



*Graduate Nursing
Recommendation Form*

INSTRUCTIONS FOR THE CANDIDATE

Please complete (print or type) the top portion of this form before delivering it to the individual you have selected as a reference.

Name of Applicant: _____

Program: _____ MSN – Family Nurse Practitioner _____ Family Nurse Practitioner Certificate
 _____ MSN – Nurse Educator _____ Nurse Educator Certificate
 _____ MSN – Nurse Manager _____ DNP – Leadership & Management
 _____ DNP – Advanced Practice Nurse

Under the provision of the Family Education Rights Act of 1974, you may decide whether letters of references written at your request are to be held in confidence or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the reference will be advised of your choice.

- _____ Confidential file. I grant permission for this letter of reference to be held in confidence by Brenau University
_____ Open file. I retain the choice of having letters of reference available to me.

Signature of Applicant: _____

INSTRUCTIONS FOR THE REFERENCE PROVIDER

Please give an honest appraisal of the applicant’s potential for successfully completing a Master of Science in Nursing or Family Nurse Practitioner Certificate program by responding to the following questions. We appreciate the time and effort you are taking to complete this form.

How long and in what relationship have you known the applicant?

Do you know of any matters related to character, responsibility, physical or mental health which would be considered by the admissions committee or which would limit the activities of this person to perform graduate work? ___ Yes ___ No Please explain.

Please comment on the applicant’s strengths as they pertain to suitability for the specialization indicted above.

Please comment on the applicant's weaknesses.

Please rank the applicant on the following categories with reference for success in a graduate program.

	<i>Upper 10%</i>	<i>Upper 25% but not Upper 10%</i>	<i>Upper Half but not Upper 25%</i>	<i>Lower Half</i>	<i>No Basis For Rating</i>
Clinical Skills	_____	_____	_____	_____	_____
Emotional Maturity	_____	_____	_____	_____	_____
Oral Expression	_____	_____	_____	_____	_____
Written Expression	_____	_____	_____	_____	_____
Imagination and Creativity	_____	_____	_____	_____	_____
Intellectual Potential	_____	_____	_____	_____	_____
Judgment and Decision Making	_____	_____	_____	_____	_____
Perseverance	_____	_____	_____	_____	_____
Potential for success in program	_____	_____	_____	_____	_____
Potential in research	_____	_____	_____	_____	_____

Please comment on the ratings you have given above and provide any further comments, including your recommendations.

Please check the appropriate recommendation:

- I strongly recommend the applicant
 I recommend the applicant
 I recommend the applicant, but with reservations.

The information I have provided about the candidate is true to the best of my knowledge.

Signed: _____ Date: _____
Name (Printed or Typed): _____ Title: _____
Organization: _____ Position: _____
Phone: _____ Email: _____

Please return the completed Reference Form to:

Brenau University
Office of Admissions
500 Washington Street SE
Gainesville, GA 30501