



Recommendation Form

Please return to:
 College of Graduate Studies Admissions Office
 MS 1042
 Health Science Campus
 The University of Toledo
 3000 Arlington Avenue
 Toledo, OH 43614-2598

To the Applicant: Please complete the upper portion of the recommendation form. Give it to a health care professional (nurse preferred) who is familiar with your academic and/or employment record.

Applicant's Name _____

- Major: (Select One)
- | | | |
|--|---|---|
| <input type="checkbox"/> Family Nurse Practitioner | <input type="checkbox"/> Adult Nurse Practitioner/
Clinical Nurse Specialist | <input type="checkbox"/> Psychiatric-Mental Health
Clinical Nurse Specialist |
| <input type="checkbox"/> Pediatric Nurse Practitioner | <input type="checkbox"/> Clinical Nurse Leader-
Graduate Entry | <input type="checkbox"/> Nurse Educator |
| <input type="checkbox"/> Nursing Education Certificate | <input type="checkbox"/> Graduate Certificate FNP | <input type="checkbox"/> Graduate Certificate ANP |
| <input type="checkbox"/> Graduate Certificate PNP | <input type="checkbox"/> Graduate Certificate P-MH | <input type="checkbox"/> Doctor of Nursing Practice (DNP) |

Under the Federal Family Educational Rights and Privacy Act of 1974, as amended, (P.L. 93-380) students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access these recommendations or to decline to do so. The University does not require that you make such a waiver as a condition for admission.

- I do **not** waive my right of access to this recommendation. I waive my right of access to this recommendation.

Applicant's Signature _____ Date _____

Please note as is indicated above, whether or not the applicant has waived her/his right to access your recommendation. The Medical University of Ohio would appreciate your writing us as fully as you can concerning the applicant. We would particularly appreciate your candid opinion of the applicant's abilities to undertake graduate study, and of her/his commitment to a career in a health-related profession. Please complete the remaining portion of this form and return it to the above address. If you prefer to provide a standard letter of reference rather than responding to the questions below, please feel free to do so, but include this student waiver form.

How long and how well have you known the applicant and in what capacity?

In comparison with other students you have taught or other employees with whom you have worked or supervised, how do you rate the applicant in the following characteristics?

	Outstanding	Very Good	Average	Below Average	Unable to Evaluate
Creative thinking/Inquisitiveness					
Interpersonal skills					
Clinical proficiency					
Nursing leadership					
Perseverance in pursuing goals					
Ability to work independently					
Ability to collaborate					
Oral communication					
Written communication					
Integrity					
Analytical and flexible thinking					
Ability to perform under stress					

Describe qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant's ability to do graduate work.

What is your estimate of the applicant's potential to contribute to the profession of nursing?

Additional comments:

Please indicate the confidence with which you would or would not recommend the applicant for admission to the MSN Degree Program, College of Graduate Studies of The University of Toledo Health Science Campus.

Strongly Recommend Recommend Recommend with Reservations Do Not Recommend

Please add any additional comments you may wish to make on a separate sheet of paper.

Signature _____ Date _____

Name (typed or printed) _____ Title _____

Organization _____

Address _____

Telephone Number _____

Please place recommendation in a sealed envelope. Sign your name across the seal and return it to the applicant.