



National University
College of Professional Studies
Department of Nursing

MASTER OF SCIENCE IN NURSING/ CERTIFICATES
RECOMMENDATION FORM

Date: _____

Dear Recommender:

You are receiving this message because the applicant below is applying for admission to National University's Master of Science in Nursing Program (MSN) and has chosen you to complete a recommendation form on his/her behalf.

Applicant's Name: _____

Program Specialization: _____

Recommendation Instructions: Recommendations are intended to provide a professional evaluation of the applicant's potential for academic success in graduate study. We are seeking applications from individuals who possess the intellectual and interpersonal qualities essential for an advanced practice nurse. We encourage your professional and personal candidness in providing an honest and thorough evaluation of the applicant. Please note that this recommendation form and its contents are kept confidential.

1. Your relationship to applicant?

2. What do you consider are the limitations or areas in need of improvement for this individual? _____



3. Please rate the applicant by checking the appropriate box for each appraisal category:

1=Inadequate Opportunity to Observe, 2=Below Average, 3=Average, 4=Above Average, 5=Exceptional,

	1	2	3	4	5
Interpersonal skills & ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. **Additional Comments:**

Please comment on any other qualities/characteristics that you think we should take into consideration as we process their MSN application.

5. **In summary, I would make the following applicant recommendation:**

Strongly Recommend Recommend Recommend with Reservations Do Not Recommend

Please Type or Print:

Your Name & Academic Credentials: _____

Title: _____ Organization: _____

Signature: _____ Date: _____

Please return this Recommendation Form to the applicant.

Thank you.