

RECOMMENDATION

Master of Science in Nursing Program



This section to be completed by applicant:

 First name Middle name Maiden name (if applicable) Last name

Public Law 93-380 permits the student to inspect this recommendation if the following waiver is not signed. I voluntarily waive my right of access to this recommendation under Public Law 93-380 so that it may be kept confidential.

 Applicant's Signature

 Date

Reference respondent must be a practicing RN or applicant's supervisor or previous supervisor (within last 3 years). This section to be completed by reference respondent and mailed directly to:

Millikin School of Nursing, MSN Program, 1184 W. Main St., Decatur, IL 62522

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

Please evaluate the applicant in each of the categories below:

	Outstanding Upper 10%	Excellent Upper 15%	Very Good Upper 25%	Good Upper 50%	Below avg. Lower 50%	Do not know
Nursing performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability and maturity	<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"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the reverse side or a separate letter to discuss the applicant's strengths, areas requiring further development and the potential for success as a graduate student.

 Name of respondent (Please print)

 Title/Position

 Address

 Signature

 Date