

# **Saint Francis Medical Center College of Nursing**

511 N.E. Greenleaf Street

Peoria, Illinois 61603

Fax (309) 624-8973

## **LETTER OF RECOMMENDATION**

### **Master of Science in Nursing Program**

The applicant is applying for admission to a graduate nursing degree program at Saint Francis Medical Center College of Nursing. You have been selected by the applicant to submit your comments on the applicant's qualification.

Directions: Complete the rating grid by evaluating the applicant in relation to other individuals known in a similar capacity. The information supplied on this form will be used for the purpose of assessing the applicant's qualifications for admission.

Note: Your comments will be held completely confidential if the applicant has signed the statement below. Return the form to: Admissions, Attn: Graduate Programs at the College of Nursing.

Applicant's Name \_\_\_\_\_

Current Address \_\_\_\_\_

### **WAIVER**

I understand that I have the right to examine this recommendation unless such right is waived. (Please indicate below whether or not you wish to waive this right by checking the appropriate box and completing the signature and date.

- ☐ I expressly waive the right to inspect this confidential recommendation when it becomes a part of my file at Saint Francis Medical Center College of Nursing. I understand that according to the Family Educational Rights and Privacy Act of 1974 this waiver is optional.
- ☐ I do not expressly waive my right to examine or otherwise have access to this recommendation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

	Exceptional	Outstanding	Above Average	Average	Below Average	No Opinion
Motivation for Graduate Study						
Conceptual Ability						
Analytical Ability						
Initiative and Potential for Research						
Integrity						
Ability to Work with Others						
Effectiveness in Writing						

How long have you known the applicant? \_\_\_\_\_  
Years Months

Under what circumstances have you known the applicant?

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What are the applicant's primary strengths?

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What are the applicant's primary weaknesses or liabilities? How might these affect the applicant's performance in graduate study?

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Please check recommendation	_____	Strongly recommend
	_____	Recommend
	_____	Recommend with reservations
	_____	Do not recommend

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Business address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date