

SVSU Graduate Student Recommendation Form

Office of Graduate Admissions • 7400 Bay Road • University Center, MI 48710-0001 USA

Applicants First Name	Applicants Last Name
Applicant Program: <input type="checkbox"/> Master of Arts Communication & Digital Media (CDM) <input type="checkbox"/> Master of Business Administration (MBA) <input type="checkbox"/> Master of Science Energy & Materials (MEM) <input type="checkbox"/> Master of Science Health Administration & Leadership (MSHAL) <input type="checkbox"/> Master of Science in Nursing (MSN) <input type="checkbox"/> Doctor of Nursing Practice (DNP)	

The Family Educational Rights and Privacy Act of 1974 opens student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his/her right to inspect letters of recommendation. This applicant choose to waive his/her right to examination of this letter of recommendation: Yes No

Applicants Signature: _____

Recommender First Name	Recommender Last Name		
Mailing Address			
Mailing Address Additional Information			
City	State	Zip Code	Country
Phone Number ()	Email Address		
Are you willing to provide a recommendation for this applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Title	Employer	
Relationship to Student	Please indicate your association or contact with the applicant, which serves as the basis of your evaluation of the prospective graduate student:	<input type="checkbox"/> Have observed the applicant in a professional role <input type="checkbox"/> Have observed the applicant as a student <input type="checkbox"/> Have only had casual or infrequent contact with applicant <input type="checkbox"/> Not in a position to express an opinion about the applicant
How long have you know this student?		

Recommendation letter uploaded or emailed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Recommendation:

What do you consider to be the most characteristic strengths and/or talents of the applicant?

For applicants applying to the **MASTER OF SCIENCE IN NURSING** or **DOCTOR OF NURSING PRACTICE**, please complete this section.

Please select the appropriate choice from the list below which best reflects your evaluation with regard to the trait mentioned compared to peers of the prospective student.

KEY: N/A = Not able to judge 2 = Poorer than most 4 = Better than most
 1 = Much poorer than most 3 = About average among peers 5 = Really superior

	N/A	1	2	3	4	5
Clarity of goals – Does this person show evidence of:						
a. Clear-cut professional goals?						
b. Clear sense of direction in pursuit of goals?						
Industry – Does this person:						
a. Demonstrate willingness to expend the effort necessary to achieve goals?						
b. Appear to expend effort and energy wisely?						
Ability to face reality – Does this person:						
a. Appear able to foresee and face problems realistically and objectively?						
b. Approach problems in a constructive manner?						
c. Seem able to take well-meant criticism and use it constructively?						
Ability to think critically – Does this person:						
a. Show insight in identifying problems?						
b. Select and utilize relevant resources in solving problems?						
Interpersonal relationships – Does this person:						
a. Participate willingly and effectively as a member of a group?						
b. Show leadership ability when the occasion permits?						
Initiative and creativeness – Does this person:						
a. Reflect originality in approaching problems?						
b. See things that need to be done?						
Nursing skills – Does this person:						
a. Exhibit appropriate clinical nursing skills?						
b. Display willingness to expand current knowledge base?						
c. Indicate accurately and effectively the ideas of others?						
Skills in communication– Does this person:						
a. Speak clearly and effectively?						
b. Express ideas clearly in writing?						
c. Interpret accurately and effectively the ideas of others?						
Personal and intellectual integrity – Does this person:						
a. Appraise his/her own strengths and weaknesses objectively and accurately?						
b. Represent self honestly?						
c. Pursue goals ethically and conscientiously?						

For applicants applying to the **MASTER OF SCIENCE ENERGY & MATERIALS**, please complete this section.

Based on your interactions, please select the response which most reflects your evaluation of the applicant.

KEY: NA = Not able to judge 2 = Disagree 4 = Agree
 1 = Strongly Disagree 3 = Neutral 5 = Strongly Agree

	N/A	1	2	3	4	5
Has a strong understanding of mathematics						
Works independently						
Knows how to learn on their own						
Works effectively in groups						
Can critically analyze data						
Has the ability to think analytically about a problem						
Has the ability to work independently with minimal supervision						
Has strong written communication skills						
Has effective oral communication skills						

Your evaluation is based on recent college graduate with degrees in: _____

For applicants applying to **ANY OTHER GRADUATE PROGRAM OF STUDY**, please complete this section.

How does this applicant compare in the following qualities to others under your supervision, and/or with your impression of the applicants for graduate study in general?

	Strong (Top 1/3)	Average (Middle 1/3)	Weak (Bottom 1/3)	Insufficient Information
Intellectual Ability				
Ability to work with others				
Leadership ability				
Ability in oral expression				
Imagination and creativity				
Industry				
Reading, writing and analytical skills				

Please indicate by checking the appropriate category your judgment regarding the promise of this applicant as a candidate for advance study:

Highly Recommended Recommended Recommend with reservation Do not recommend

Comments – Please explain an unusually high and/or low ratings you gave this individual as well as any other information you would like to share to help the admissions committee make its decision.

X

Recommender Signature _____

Date _____

Please return the completed recommendation form to:

**Saginaw Valley State University
Office of Graduate Admissions
7400 Bay Road
University Center, MI 48710-0001 USA**

For additional information contact:

**Office of Graduate Admissions
Phone: 989.964.6096
Fax: 989.964.2788
Email: gradadm@svsu.edu
Website: svsu.edu/gradadm**

