

TROY UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
340 MONTGOMERY STREET
MONTGOMERY, AL 36104
334-834-2320

Letter of Recommendation to Undergraduate/Graduate School of Nursing

To the Applicant: This form should be given to a professor or supervisor under whom you have studied or worked, who is able to comment on your qualifications for undergraduate/graduate study. Type or print the first five lines yourself.

Your Name: _____ SS# ____-____-____
Last First Middle

Your Address: _____
Street City State Zip

Name of person who will complete this form: _____

(Title) (Institution)

Should you be admitted to Troy University, you would have the right as a student to review your permanent record, including this recommendation form, on file with the University. Some persons prefer not to complete recommendation forms, however, unless they can be assured of the confidentiality of their comments. Therefore, Troy University is affording you the opportunity to waive your right of subsequent access to their reference statement. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

I do ☐ I do not ☐ waive my right of subsequent access to this recommendation form.

Student Signature Date

To the Respondent: Please rate the applicant with others of the same academic level. It is important to the candidate that you give a percentage rating here as well as a written evaluation on the reverse side.

	Lower Third	Middle Third	Upper Third	Upper 10%	Upper 5%	Not Able to Judge
Intellectual Ability						
Motivation						
Potential for Leadership						
Current Clinical Competence						
Professional Judgment in Clinical Practice						
Therapeutic Relationship with Patients						

Respondent's Signature Date

***Please make written comments on the reverse side as it relates to the applicant.**

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