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 vourself. Your Name: _ First Your Address: City State 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 \(\square\) 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. Middle Not Able Lower Upper Upper Upper Third Third 10% Third 5% to Judge Intellectual Ability Motivation Potential for Leadership **Current Clinical Competence**

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

Date

Professional Judgment in Clinical Practice
Therapeutic Relationship with Patients

Respondent's Signature

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Your Address: Street Name of person who will complete this form: (Title) Should you be admitted to Troy University, yermanent record, including this recommen not to complete recommendation forms, how comments. Therefore, Troy University is affi	you would dation forr wever, unlifording you event, you	(In have the m, on file ess they u the opp ur applica ation acc	stitution) right as with the can be a ortunity ation for umulate	a stude Univers assured o to waive admissio d in your	ity. Som of the co your rig on and/o	ne persons infidentialit int of subser ir financial	y of their equent support
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I do □ I do not □ waive my right of	of subsequ	uent acce	ss to thi	s recomr	mendatio	on form.	
Chudont Ciana				— <u> </u>			
Student Signature				Date			
To the Respondent: Please rate the application the candidate that you give a percentage ra							
	Third	Third	Third	10%	5%	to Judge	
Intellectual Ability						· ·	ĺ
Motivation							
Potential for Leadership							
Current Clinical Competence							
Professional Judgment in Clinical Practice							
Therapeutic Relationship with Patients							
Respondent's Signature				Date			

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