

School of Nursing Graduate Applicant's Letter of Reference Form



Please return directly to:

Adelphi University
Office of University Graduate Admissions
One South Avenue
P.O. Box 701
Garden City, NY 11530-0701

Part A. To Be Completed By Applicant

Letter must be written by academic or professional reference. Letter from family/friend will not be accepted.

Name _____ Other name(s) used on transcripts _____

Address _____
Street City State ZIP

Social Security Number* _____

*Your Social Security Number will be used by the Office of University Graduate Admissions for identification purposes only. The Social Security Number is used to ensure the proper identification of transcripts and other application materials that may arrive under a married or changed name.

Telephone Number _____

Please indicate the program of study you are applying for:

Master's and Ph.D. Programs

- M.S. Nursing Administration
- M.S. Adult Health Nurse Practitioner
- M.S. Nursing Education
- Ph.D. Nursing

Post-Master's Certificate Programs

- GC Nursing Administration
- GC Nursing Education
- CAGS Adult Health Nurse Practitioner

I HEREBY WAIVE MY RIGHT OF ACCESS TO INFORMATION RECORDED ON THIS FORM AND ANY SUPPLEMENTARY SHEETS ATTACHED TO IT.

Signature _____ Date _____

Part B. Narrative—To Be Completed By Recommender (Please attach a typewritten narrative to this form.)

Name _____

Signature _____ Date _____

Employer _____ Title _____

Address _____

Number of years you have known the applicant _____

In what capacity? _____

Additional instructions on other side of this page →

As the writer of this narrative, you are required to give a frank assessment of the applicant. The Committee on Admissions seeks your opinion regarding the applicant's character and personality and your judgment regarding the candidate's **ability to master advanced study** in his/her chosen field. Please respond to the following where applicable:

- Length and nature of your relationship with the applicant
- Information not likely to be available from other sources
- Applicant's unique abilities, strengths, and limitations
- Special personal qualities, capacities, and interests that distinguish this applicant from others

Do not return this form to the applicant.

Please return this form and your typewritten narrative directly to:

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One South Avenue
P.O. Box 701
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Adelphi University is committed to extending equal educational opportunity to all who qualify academically.