

PART B	TO BE COMPLETED BY THE RECOMMENDER	
How long and in what capacity have you known the applicant?		
We would appreciate your assessment of the applicant's scholarship, personality, character and professional promise. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to use a separate sheet. If you prefer, you may write the entire statement on your own.		
STATEMENT:		
Signature	Please Print Last Name	Date
Position	Business/Company Name	
Address		
PLEASE MAIL DIRECTLY TO: Salisbury University, Department of Nursing, 1101 Camden Avenue, Salisbury, MD 21801-6837		