## SALISBURY UNIVERSITY



## **RECOMMENDATION FORM**

PART A	TO BI	E COMPLET	ED BY THE	APPLICAN		SOC. SEC. NO. $\underline{X} \underline{X} \underline{X} - \underline{X} \underline{X} - \dots $				
NAME (Print) Last					First		(last 4 digits) Middle			
Graduate Nursing: Post-DNP Certificate of Completion-FNP Program										
I agree that the recommendation I am requesting shall be held in confidence by officials of Salisbury University, and I hereby waive any rights I may have to examine itYESNO										
Signature of applicant:     Date:										
SUMMARY EVALUATI Applicant's p a graduate st comparison v others of sim and experien	ATION nt's promise as te student in son with f similar age	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	UNUSUAL	OUTSTANDING	TRULY EXCEPTIONAL	Inadequate Opportunity to Observe		
		Lowest 40%	Middle 20%	Next 25%	Next 5%	Almost Top 5%	Тор 5%	to Observe		
Research ag	rch aptitude									
Intellectual	1									

Research aptitude				
Intellectual potential				
Ability to work with others				
Creativity and imagination				
Maturity				
Self-confidence				
Communication skills oral				
Communication skills written				
Ability to analyze a problem and formulate a solution				
Motivation for proposed program of study				
Potential as a teacher				
Potential for career advancement				

Please indicate the strength of your overall endorsement by placing an "X": along the scale														
Not Recommended				Recommended with				Recommended			Highly Recommended			
some reservations														

PART B	TO BE COMPLET THE RECOMMEN							
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	With							
Address								
PLEASE RETURN TO THE APPLICANT IN AN ENVELOPE WITH YOUR FLAP.	SIGNATURE ACROSS THE SE	CALED						