



RECOMMENDATION FORM

PART A	TO BE COMPLETED BY THE APPLICANT	SOC. SEC. NO. <u> X X X- X X </u> - ____ - ____ (last 4 digits)
NAME (Print)	Last	First
		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 it. _____ YES _____ NO		
Signature of applicant: _____		Date: _____

SUMMARY EVALUATION Applicant's promise as a graduate student in comparison with others of similar age and experience	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE		UNUSUAL	OUTSTANDING	TRULY EXCEPTIONAL	Inadequate Opportunity to Observe
	Lowest 40%	Middle 20%	Next 25%	Next 5%	Next 5%	Almost Top 5%	Top 5%	
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											
<u>Not Recommended</u>			<u>Recommended with some reservations</u>			<u>Recommended</u>			<u>Highly Recommended</u>		

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	With	
Address		
PLEASE RETURN TO THE APPLICANT IN AN ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEALED FLAP.		