

Master of Science in Nursing
Clayton State University
Letter of Recommendation

To be completed by the applicant:

Name of applicant _____

Applicant must sign one of the following declarations:

I waive my right of access to this recommendation form under the Family Educational Rights and Privacy Act of 1974. (If this statement is signed by the applicant, s/he will not be able to see this letter of recommendation.)

Signed _____ Date _____

I do not waive my right of access to this recommendation form under the Family Educational Rights and Privacy Act of 1974. (If this statement is signed by the applicant, s/he will be able to see this letter of recommendation.)

Signed _____ Date _____

To the recommender:

The person named above is applying for admission to the Master of Science in Nursing at Clayton State University. This program is designed for mature adults seeking intellectual challenge and personal or professional development. The admissions committee is interested in your assessment of those personal qualities that relate to the candidate's ability to pursue a rigorous, interdisciplinary course of graduate study: Does he or she think critically, speak and write well, work independently? Is he or she creative, highly motivated, disciplined? We will appreciate receiving your candid evaluation of the candidate's strengths and weaknesses in these areas as well as any other information you consider relevant. Please use the space below or attach a separate letter. Recommendations should be placed in sealed envelopes and contain the signature of the person writing the recommendation across the seal.

How long and in what connection have you known the applicant?

Your evaluation of this applicant: (Use separate sheet if necessary)

MSN, Letter of Recommendation

Please evaluate the candidate in the following categories:

	Superior	Good	Average	Marginal	Poor	Not able to judge
Potential for academic success						
Intelligence						
Intellectual curiosity						
Creativity						
Motivation						
Maturity						
Written communication						
Oral communication						

Your overall recommendation for this applicant:

Highly recommended / Recommended / Recommended with reservation / Not recommended

Name of recommender _____

Title _____

Address _____

Signature _____ Date _____

*Please return this form directly to the **Master of Science in Nursing, School of Nursing, Clayton State University, 2000 Clayton State Blvd., Morrow, GA, 30260.** Do not return it to the candidate. Thank you for your time assistance.*