



Saint Francis Medical Center College of Nursing

511 N.E. Greenleaf Street
Peoria, Illinois 61603

LETTER OF RECOMMENDATION
Master of Science in Nursing Program

Applicant's Name _____

Social Security _____

Home Address _____
(Number and Street)

(City) (State) (Zip Code)

WAIVER:

I understand that I have the right to examine this recommendation unless such right is waived. (Please indicate below whether or not you wish to waive this right by checking the appropriate box and completing the signature and date.)

- I expressly waive the right to inspect this confidential recommendation when it becomes a part of my file at Saint Francis Medical Center College of Nursing. I understand that according to the Family Educational Rights and Privacy Act of 1974 this waiver is optional.
- I do not expressly waive my right to examine or otherwise have access to this recommendation.

Applicant Signature

Date

Directions: The applicant is applying for admission to a graduate nursing degree program at Saint Francis Medical Center College of Nursing. You have been selected by the applicant to submit your comments on the applicant's qualification.

Complete the rating grid by evaluating the applicant in relation to other individuals known in a similar capacity. The information supplied on this form will be used for the purpose of assessing the applicant's qualifications for admission. Your comments will be held completely confidential if the applicant has signed the statement above. Return the form to:

Janice Boundy, RN, PhD
 Saint Francis Medical Center College of Nursing
 511 N.E. Greenleaf Street
 Peoria, Illinois 61603

	Exceptional	Outstanding	Above Average	Average	Below Average	No Opinion
Motivation for Graduate Study						
Conceptual Ability						
Analytical Ability						
Initiative and Potential for Research						
Integrity						
Ability to Work with Others						
Effectiveness in Writing						

How long have you known the applicant? _____
Years Months

Under what circumstances have you known the applicant?

What are the applicant's primary strengths?

What are the applicant's primary weaknesses or liabilities? How might these affect the applicant's performance in graduate study?

Please check recommendation

_____	Strongly recommend
_____	Recommend
_____	Recommend with reservations
_____	Do not recommend

Name (type or print)

Title

Business address

City, State, zip code

Signature

Date