



## Recommendation Form

Please return to:  
 College of Graduate Studies Admissions Office  
 MS 933  
 The University of Toledo  
 2801 W. Bancroft Street  
 Toledo, OH 43606

To the Applicant: Please complete the upper portion of the recommendation form. Recommendations are to be completed by professional sources. Master of Science in Nursing preferred with the exception of CNL graduate entry applicants.

Applicants Name \_\_\_\_\_

- Major: (Select One)
- Family Nurse Practitioner
  - Pediatric Nurse Practitioner
  - Nurse Educator
  - Clinical Nurse Leader- Graduate Entry
  - BSN-Clinical Nurse Leader
  - Doctor of Nursing Practice (DNP)
  - Graduate Certificate FNP
  - Graduate Certificate PNP
  - Nursing Education Certificate

Under the Federal Family Educational Rights and Privacy Act of 1974, as amended, (P.L. 93-380) students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access these recommendations or to decline to do so. The University does not require that you make such a waiver as a condition for admission.

- I do **not** waive my right of access to this recommendation.       I waive my right of access to this recommendation.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note** as is indicated above, whether or not the applicant has waived her/his right to access your recommendation. The University of Toledo would appreciate your writing us as fully as you can concerning the applicant. We would particularly appreciate your candid opinion of the applicant's abilities to undertake graduate study, and of her/his commitment to a career in a health-related profession. Please complete the remaining portion of this form and return it to the above address.

**How long and how well have you known the applicant and in what capacity?**

**In comparison with other students you have taught or other employees with whom you have worked or supervised, how do you rate the applicant in the following characteristics?**

	Outstanding	Very Good	Average	Below Average	Unable to Evaluate
Creative thinking/Inquisitiveness					
Interpersonal skills					
Clinical proficiency					
Nursing leadership					
Perseverance in pursuing goals					
Ability to work independently					
Ability to collaborate					
Oral communication					
Written communication					
Integrity					
Analytical and flexible thinking					
Ability to perform under stress					

**Describe qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant's ability to do graduate work.**

**What is your estimate of the applicant's potential to contribute to the profession of nursing?**

**Additional comments:**

Please indicate the confidence with which you would or would not recommend the applicant for admission to the Graduate Nursing Program, College of Graduate Studies of The University of Toledo Health Science Campus.

Strongly Recommend       Recommend       Recommend with Reservations       Do Not Recommend

Please add any additional comments you may wish to make on a separate sheet of paper.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (typed or printed) \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please place recommendation in a sealed envelope. Sign your name across the seal and return it to the applicant or mail to the address listed.