



RECOMMENDATION FORM FOR THE MSN PROGRAM

Master of Science in Nursing Degree

Instructions for the Applicant:

Please request a recommendation from someone who can attest to the caliber of your work, motivation, and abilities. This may be a former faculty or supervisor. It is not to be a peer. Recommenders must have a master's degree or higher. A professional nurse with a master's degree or higher must complete at least one of the recommendations. Please provide them with the recommendation form plus an addressed stamped envelope to return the completed form in a sealed envelope to the Office of Graduate Studies.

Instructions for the Recommender:

The person whose name appears below is applying for admission to the Lewis University College of Nursing and Health Professions Graduate Program in Nursing and has requested that your recommendation become a part of the application file to be used for the purpose of an admission decision. Please complete the attached form and return to the Office of Graduate Studies sealed in the addressed, stamped envelope provided by the applicant.

Please complete this form and mail to:

**Office of Graduate Studies
Lewis University
College of Nursing and Health Professions
One University Parkway, Unit 1215
Romeoville, Illinois 60446**

To be completed by the applicant:

Name of applicant:	
Street Address	
City, State ZIP Code	

I voluntarily waive my rights of access to this recommendation under Public Law 93-380, so that it may be kept confidential. I further understand that this confidential recommendation will be used for the sole purpose of considering my application to the Lewis University Master of Science in Nursing Degree.

Signature of applicant: _____ Date: _____
(Photocopied signature not acceptable)

To be completed by the Recommender:

Thank you for your willingness to complete this recommendation on behalf of this candidate for admission to Lewis University College of Nursing and Health Professions Graduate Program in Nursing. A prompt reply is appreciated. Your comments will be an important factor in the admission decision.

1. How long have you known the applicant? Years: _____ Months: _____
2. Under what circumstances have you known the applicant?
3. What do you consider the applicant's most outstanding talents, strengths, or personal characteristics?
4. In your opinion, what are the applicant's chief weaknesses?
5. Please comment on your knowledge and assessment of the applicant's current and past work or other life experiences which might potentially impact the applicant's success in the proposed program of study.

Summary Evaluation: Using the chart below, please rate the applicant relative to others you have known in a similar capacity.

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgement
General Knowledge						
Academic Performance						
Intellectual Achievement						
Leadership Ability						
Autonomy						
Time Management						
Problem Solving						
Collaboration Skills						
Motivation/Initiative						
Flexibility						
Creative Ability						
Communication Skills: ORAL						
Communication Skills: WRITTEN						
Computer Skills						

Any other pertinent comments related to the applicant:

Dates associated with applicant: _____

Your Name: _____
(Please print)

Title/Organization: _____

Signature

Telephone Number: (____) _____ Date: _____