NOTRE DAME OF MARYLAND UNIVERSITY

Master's Recommendation Form
School of Nursing Applicant

_____
last name first name middle name

Type of reference: ☐ **Academic** ☐ **Professional**

Applicant's Waiver
Under the Family Educational Rights and Privacy Act (FERPA) you have the right, if you enroll in the Notre Dame of Maryland University School of Nursing, to review your recommendation. The act further provides that you may waive your right to see your recommendation. Please indicate your choice and sign your name whether or not you wish to waive this right.

☐ **I waive** ☐ **I do not waive** **Signature:** _____ **Date:** _____

RECOMMENDER
The Admissions Committee is interested in your assessment of the applicant. You may use this form to address the questions below or you may address the questions below on letterhead and include it with this form. Once complete, return your recommendation in a sealed envelope with your signature across the black flap to the applicant or to Notre Dame of Maryland University, College of Graduate Studies Admissions, 4701 N. Charles Street, Baltimore, MD 21210.

What is your relationship with the applicant?_____
_____

How long have your known the applicant?_____
_____

How would you describe the applicant's strengths?_____
_____
_____

How would you describe the applicant's weaknesses?_____
_____
_____

How well do you think the applicant has considered plans for this program?_____
_____
_____

What is the applicant's potential for creative scholarship and research?_____
_____
_____

Please rate the applicant using the following scales:

	Outstanding	Above Average	Average	Below Average	No opportunity to observe
Motivation for graduate study	☐	☐	☐	☐	☐
Leadership potential	☐	☐	☐	☐	☐
Resourcefulness	☐	☐	☐	☐	☐
Creativity	☐	☐	☐	☐	☐
Maturity	☐	☐	☐	☐	☐
Ability for independent work	☐	☐	☐	☐	☐
Ability to work with others	☐	☐	☐	☐	☐
Diversity of interests	☐	☐	☐	☐	☐
Intellectual potential	☐	☐	☐	☐	☐
Quality of written expression	☐	☐	☐	☐	☐
Potential for scholarship/research	☐	☐	☐	☐	☐
Perseverance/determination	☐	☐	☐	☐	☐

Name: _____ Title: _____

Employer: _____ Email address: _____

Address: _____

Phone number: _____ Signature: _____ Date: _____