

**THE UNIVERSITY OF ALABAMA IN HUNTSVILLE
COLLEGE OF NURSING**

GRADUATE RECOMMENDATION FORM

SECTION A (TO BE COMPLETED BY APPLICANT)

The applicant must complete all items in Section A and sign below before giving the form to an individual well acquainted with his/her educational and/or clinical abilities. Failure to complete any item may in result in the Graduate Admissions Committee disregarding the recommendation.

UAH ID _____

Applicant's Name _____ SS#: XXX-XX-_____

Applicant's Address _____

- Track Requested:
- Acute Care Nurse Practitioner
 - Adult Clinical Nurse Specialist
 - Family Nurse Practitioner
 - Leadership in Health Care Systems: ONLINE (formerly Nursing Administration)
 - Clinical Nurse Leader
 - Post-Master's Family Nurse Practitioner Certificate

Applicant's Statement:

I waive I do not wish to waive the right provided by the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) to view this reference form in my file at The University of Alabama in Huntsville College of Nursing.

Signature of Applicant

Date

SECTION B (TO BE COMPLETED BY INDIVIDUAL PROVIDING RECOMMENDATION)

The above named individual is applying to the graduate program in the College of Nursing and is requesting that you provide a recommendation. The information given in this recommendation will be confidential only if the applicant waives the right to view the recommendation and the above waiver has been signed by the applicant.

Name: _____

Organization/Institution: _____

Position/Title: _____

Relationship to Applicant: _____

Length of time you have known the Applicant _____

Signature

Date

-Continued on Back-

SECTION C (TO BE COMPLETED BY INDIVIDUAL PROVIDING RECOMMENDATION)

Using the scale listed below, please indicate how the Applicant ranks in relation to other students/employees. Circle one response for each item listed.

- 5 Superior
- 4 Above average
- 3 Average
- 2 Below average
- 1 Unsatisfactory
- NA Not able to assess

In relation to other students/employees this individual is:

Cognitive Ability	5	4	3	2	1	NA
Leadership	5	4	3	2	1	NA
Dependability/Reliability	5	4	3	2	1	NA
Clinical Performance	5	4	3	2	1	NA
Research/Scholarship Potential	5	4	3	2	1	NA
Critical Thinking	5	4	3	2	1	NA
Professional Behavior	5	4	3	2	1	NA
Oral Communication	5	4	3	2	1	NA
Written Communication	5	4	3	2	1	NA
Interpersonal Relationships	5	4	3	2	1	NA

Overall, this applicant's potential for success in the graduate program is: outstanding above average average poor not able to assess.

We welcome additional comments that could attest to this individual's capacity for success in graduate school. (Please use additional page(s) if necessary.)

Please DO NOT return this form to the applicant. Mail completed form directly to:

**Office of Graduate Programs
 UAH College of Nursing
 NB 202
 Huntsville, AL 35899**

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