

**The University of Memphis
Loewenberg School of Nursing**

MSN Recommendation Form

Thank you for completing this reference. Please complete and return this form to Ms. Teresa Jones, Academic Services Coordinator, Graduate Program, 107 Billy Mac Jones, University of Memphis, Memphis, TN 38152. Please complete this form in ink.

Applicant Section *(to be completed by the applicant)*

I, _____, have asked _____ to provide this reference.
Applicant name (please print) *Reference Name*

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students' access to education records concerning them. Students are also permitted to waive the rights to access references. The following statement indicates my intent regarding this reference:

I waive ____ I do not waive ____ my right to see this reference or any supplemental notes or letters pertaining to it.

Applicant's Signature *Date*

Reference Section *(to be completed by the reference)*

How long have you known this applicant? _____

What was your relationship to the applicant? _____

<i>Please rate this applicant in the following areas:</i>	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>
Personal/professional integrity				
Ability to be successful in an MSN program				
Clinical competence				
Initiative				
Clinical judgment				
Ability to work with others				
Leadership ability				
Probability of completing an MSN program				
Writing ability				
Intellectual curiosity				

If you wish to provide additional comments, please attach a separate sheet.

Overall Recommendation: Strongly support Support Do not support

Name of Reference (Please print) *Signature* *Date*

Organization *Title*

Address *City* *State* *Zip*

(_____) (_____) (_____)

Home Phone *Work Phone* *Other*