

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

**MSN Recommendation Form**

Thank you for completing this reference. Please complete and return this form to:  
Graduate Academic Services Coordinator, Graduate Programs, 100 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 names (please print)* *Reference Name*

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee student's 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? \_\_\_\_\_

| Please rate this applicant in the following areas: | <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 and nursing credentials (Please print)*    *Signature*    *Date*

\_\_\_\_\_  
*Organization*    *Title*

\_\_\_\_\_  
*Address*    *City*    *State*    *Zip*

\_\_\_\_\_  
*( )*    *( )*    *( )*

\_\_\_\_\_  
*Home Phone*    *Work Phone*    *Other*