

# Master of Science in Nursing Programs

CLARION UNIVERSITY OF PENNSYLVANIA

EDINBORO UNIVERSITY OF PENNSYLVANIA

Graduate Office  
Phone: 814-393-2337  
FAX: 814-393-2722

Graduate Office  
Phone: 814-732-2856  
FAX: 814-732-2611

## APPLICANT RECOMMENDATION FORM

Name of applicant \_\_\_\_\_

Last

First

Middle Initial

Name of recommender \_\_\_\_\_

Position of recommender \_\_\_\_\_

### Access Information

- I hereby waive my right to access to the information supplied on this form.
- I do not waive my right to access to the information supplied on this form.

Applicant's signature \_\_\_\_\_ date \_\_\_\_\_

**To the recommender:** Please rate the applicant in terms of his or her potential for graduate work in a  
 Family Nurse Practitioner Program or  Nurse Education Program

	Top 5%	Top 10%	Top Third	Middle Third	Lower Third	Unknown N/A
Potential for independent study						
Intellectual ability						
Ability to work with others						
Dependability						
Initiative/motivation						
Originality						
Professional/ethical qualifications						
Problem analysis ability						
Breadth of knowledge						
Written communication skills						
Teaching ability						
Oral communication skills						
Maturity						
Decisiveness						
Flexibility						
Proficiency as a scholar						
Potential for graduate study						

**Please complete the back of this form.**

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

In your judgment, what makes the applicant an appropriate applicant for graduate study in:

- Family Nurse Practitioner Program       Nurse Education Program

Do you recommend the applicant for admission to this program?

- Yes     No     With reservations (please explain.)

Typed/printed name of recommender \_\_\_\_\_

Signature of recommender \_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Phone ( Area Code ) \_\_\_\_\_ Date \_\_\_\_\_

E-mail address of evaluator \_\_\_\_\_  
Typed or Printed

Receipt of this form will be acknowledged by the Admission Committee of the Clarion and Edinboro universities Master of Science in Nursing Programs. Please place this form in a sealed envelope, sign your name across the seal, and place a piece of tape across the seal and your signature. Give the sealed envelope to the applicant.