



## Letter of Recommendation Doctoral Degree in Nursing Practice Program

(Please Print or Type)

Applicant's Full Name \_\_\_\_\_

Current Address \_\_\_\_\_

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

Phone \_\_\_\_\_

**WAIVER**

The Family Education Rights and Privacy Act permit Saint Anthony College of Nursing to request that you will waive your right to inspect this evaluation. In considering whether you will waive this right, it is important to understand that the information contained on this form will be used to evaluate you as an applicant for admission to Saint Anthony College of Nursing.

**To be completed by applicant after reading the above information:**

1. I understand that this evaluation will be confidential, and **I waive my right** to read it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR**

2. I **do not waive my right** to read this form should I enroll at Saint Anthony College of Nursing; therefore, this is not confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Directions to Recommender:**

The person named above is applying for admission to Saint Anthony College of Nursing (SACN). You have been selected by the applicant to submit your comments on the applicant's qualification for graduate study. Please complete the rating grid by evaluating the applicant in relation to other individuals you have known in a similar capacity. Your comments will be confidential if the applicant has waived the statement above. Please enclose this form in the envelope addressed to the applicant, sign your name across the envelope seal, and send to the applicant.

	Exceptional	Average	Below Average	No Opinion
Motivation for Graduate Study				
Conceptual Ability				
Analytical Ability				
Potential for Research				
Writing Effectiveness				
Speaking Effectiveness				
Collaboration				

**Letter of Recommendation**  
**Doctoral Degree in Nursing Practice Program**  
(Please Print or Type) *cont.*

How long have you known the applicant?

Under what circumstance have you known the applicant?

What are the applicant's primary strengths?

What are the applicant's primary weaknesses and how might these affect the applicant's ability to be successful in graduate study?

***Your recommendation:***

Strongly Recommend \_\_\_\_\_  
Recommend \_\_\_\_\_  
Recommend with Reservations \_\_\_\_\_  
Do Not Recommend \_\_\_\_\_

*(Please Print or Type)*

**Name & Academic Credentials:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_