

**Southeastern Louisiana University  
College of Nursing and Health Sciences  
Graduate Nursing Program**

**STATEMENT OF RECOMMENDATION**

**To the Applicant:** This form should be completed by at least one current or previous program faculty who can evaluate your potential for graduate study, one current or previous clinical supervisor who can evaluate your current clinical competency and skills, *Type or print the top section yourself.*

**Name:** \_\_\_\_\_

**Seeking Admission for:** MSN \_\_\_\_\_ Post-MSN \_\_\_\_\_ DNP \_\_\_\_\_

Should you be admitted to the University, you would have the right, as a student, to review your permanent record including this recommendation form on file with the University. Some persons prefer not to complete recommendation forms, however, unless they can be assured of the confidentiality of their comments. In any event, your application for admission will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right to future review.

- I do waive my right to subsequent access to this recommendation form
- I do not waive my right to subsequent access to this recommendation form.

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

**Person providing the reference:**

**Name/Title:** \_\_\_\_\_

**Institution//Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Please numerically indicate the value that most approximately rates this individual's performance**

	<b>4=Excellent</b>	<b>3=Above Average</b>	<b>2=Average</b>	<b>1=Below Average</b>	<b>Not able to evaluate</b>
<b>Academic ability</b>					
<b>Written Communication</b>					
<b>Verbal Communication</b>					
<b>Knowledge of Specialty area</b>					
<b>Motivation</b>					
<b>Emotional stability</b>					
<b>Ability to work independently</b>					
<b>Ability to work in a group</b>					
<b>Leadership skills</b>					

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	<b>4=Excellent</b>	<b>3=Above Average</b>	<b>2=Average</b>	<b>1=Below Average</b>	<b>Not able to evaluate</b>
<b>Initiative</b>					
<b>Professionalism</b>					
<b>Responsiveness to Feedback</b>					
<b>Research Potential</b>					
<b>Ability to Problem Solve</b>					

Please use the rest of this form to share your evaluation of the applicant's suitability to pursue graduate or doctoral level study. Attach an additional page if necessary.

1. How well do you know the applicant? How long and in what capacity?
2. Give your opinion of the applicant's ability to do graduate work?
3. Give your opinion of the applicant's expertise in his/her field.
4. Please add any additional comments:

	<b>DNP Program</b>	<b>Post-MSN</b>	<b>Master's Program</b>
<b>I would strongly recommend for</b>			
<b>I would recommend for</b>			
<b>I would recommend with reservations for</b>			
<b>I would not recommend for</b>			

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

\*\*\*\***This completed form** must be enclosed in a sealed envelope with the recommender's signature over the seal of the envelope. **The applicant must submit all application documents along with this form in a single envelope as described in the application instructions to:**

Southeastern Louisiana University  
Graduate Coordinator  
College of Nursing and Health Science  
SLU 10448  
Hammond, LA 70402  
985-549-5045 | Fax: 985-549-5087  
[www.selu.edu/graduatenuing](http://www.selu.edu/graduatenuing)