

**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

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

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

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:

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

****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