



Letter of Recommendation
Graduate Nursing Program

Applicant: To use this form: Please fill out your full name and address, and complete the waiver section. Email the form to each person who will be completing the letter of recommendation/evaluation on your behalf. Please ask these individuals to complete the form and email it as soon as possible to GradAdmissions@sacn.edu Applicants to Saint Anthony College of Nursing are elected in accordance with nondiscriminatory practice.

Evaluator: This applicant is a candidate for admission to Saint Anthony College of Nursing graduate program. You have been selected by the applicant to submit your comments on the applicant's qualifications for graduate study. Our faculty members will use your comments to help them reach a better understanding of this individual. Your cooperation in completing and promptly returning this form will assist both the applicant and the College.

Applicant's Name: _____

Address: _____

In accordance with federal law, a student admitted to this College is entitled to inspect this evaluation in his/her file, unless the student has signed a waiver of this right of access. However, Saint Anthony College of Nursing does not require a waiver as a condition for receipt of services or benefits from the College. Therefore, applicant submitting names of individuals for evaluations are free to determine whether they wish to waive their potential right to examine such evaluations.

Applicant please read, make your selection, sign and date the below waiver:

The Family Education Rights and Privacy Act permits 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.

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

OR

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

Applicant's signature: _____ Waiver Date: _____



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Evaluator please complete:

1. My relationship with the applicant is (mark one):

College Professor/Instructor: Employer/Supervisor: Other-specify: _____

2. How long have you known the applicant? _____

3. Identify this individual's major strengths. If possible, give examples:

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

Please rate the applicant by placing an "X" in the appropriate box:	Excellent	Average	Below Average	No Opinion
Motivation for Graduate Study				
Conceptual Ability				
Analytical Ability				
Potential for Research				
Writing Effectiveness				
Speaking Effectiveness				
Collaboration				

	Strongly Recommend	Recommend	Recommend with Reservations	Do Not Recommend
Your Recommendation				



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If the applicant has chosen the first waiver statement, you may be assured that your evaluation is confidential and will not be reviewed by the applicant. If the applicant has chosen the second waiver statement, then the applicant will have the right to review your evaluation.

Evaluator's Signature: _____

Evaluator's Printed Name: _____

Title: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Evaluator's Email: _____

Evaluator's Phone: _____

Date: _____

Please save your changes and email completed form to: GradAdmissions@sacn.edu