

# GRADUATE PROGRAMS IN NURSING RECOMMENDATION FORM

Roush Hall 208  
1 South Grove Street  
Westerville, OH 43081-2006  
614-823-3210 (phone)  
614-823-3208 (fax)  
grad@otterbein.edu (e-mail)  
www.otterbein.edu (web address)

To the Applicant:

This form should be given to two persons who can recommend you for graduate study (one reference from an RN is preferred). At least one recommendation should be from an employer. If you have been in school within the last five years, the other recommendation should be from a nursing professor. Otterbein University reserves the right to contact persons providing recommendations and to acknowledge receipt of recommendations.

Please complete items 1, 2 and 3 below. Be sure to review and complete, if appropriate, the section titled "Applicant's Waiver of Right to Access." Deliver or mail this form to the person who will write the recommendations for you. You should provide each recommender with a stamped envelope addressed to:

The Graduate School  
1 South Grove Street  
Otterbein University  
Westerville, Ohio 43081-2006

1. Candidate's Name: \_\_\_\_\_  
Last
First
Middle

2. Please check area of study:

<p>Master of Science in Nursing (select specialization)</p> <p><input type="checkbox"/> Family Nurse Practitioner</p> <p><input type="checkbox"/> Clinical Nurse Leader</p> <p><input type="checkbox"/> Nurse Anesthesia</p>	<p>Post Masters in Nursing (select specialization)</p> <p><input type="checkbox"/> Post Masters Family Nurse Practitioner</p> <p><input type="checkbox"/> Post Masters Advanced Practice Nurse Educator Program</p> <p><input type="checkbox"/> Post Masters Nurse Anesthesia</p>
--	---

3. Please specify your relationship to the individual who is completing this form. In the case of a faculty person, list the course(s) you took under the direction of this person. \_\_\_\_\_

Course Number	Course Title	Where Taken	Grade

**APPLICANT'S WAIVER OF RIGHT TO ACCESS**

The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 83-380), allows a candidate for admission, employment, or receipt of honors to waive his or her right of access to confidential letters or statement written in his or her behalf if the recommendation is used solely for the purposes of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the names of all persons making such recommendations on his or her behalf. The University does not require that you make such a waiver as a condition for admission. However, under the legislation you have the option of signing such a waiver as follows:

I hereby waive my right of access to this recommendation and any appropriate attachments which have been written by \_\_\_\_\_ (name of recommender), in behalf of my application for admission to Graduate Studies in Nursing at Otterbein University, insofar as the recommendation is used solely for the purpose of admission.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

To The Recommender:

The individual whose name appears above is seeking admission for Graduate Studies in Nursing at Otterbein University. Please be as complete and candid as possible regarding the individual and his/her work. Return this form at your earliest convenience to The Graduate School.

1. I have verified that item #3 on the previous page is correct.  YES  NO

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

3. Rating Scale: Rate the applicant in comparison with others applying for graduate studies whom you have known or successful persons within your own organization. Please rate the candidate on each of the following by circling the appropriate numbers:

SIS FOR	BELOW			NO BA-
	OUTSTANDING	AVERAGE	AVERAGE	EVALUATION
clinical skills	3	2	1	NA
academic ability	3	2	1	NA
reliability	3	2	1	NA
perseverance	3	2	1	NA
motivation	3	2	1	NA
oral communication skills	3	2	1	NA
written communication skills	3	2	1	NA
leadership ability	3	2	1	NA
analytical ability: problem recognition and solution	3	2	1	NA
interpersonal skills	3	2	1	NA

4. What is your appraisal of the applicant's promise as a graduate student? Please feel free to comment on the ratings you assigned in item #3 and to make additional statements about the applicant's accomplishments and potential or personal qualities which should be taken into consideration when the Graduate Professional Review Committee reviews the applicant's file.

5. I  strongly recommend  recommend  recommend with reservations  do not recommend  
this applicant be admitted for Graduate Studies in Nursing at Otterbein University.

Recommender's Signature \_\_\_\_\_

Recommender's Name (please print) \_\_\_\_\_

Title and Credentials \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_

Complete Address \_\_\_\_\_

Telephone Number \_\_\_\_\_