



GRADUATE PROGRAMS IN NURSING RECOMMENDATION FORM

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THE GRADUATE SCHOOL

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

1. Candidate's Name: _____
Last First Middle

2. Please check area of study:

Family Nurse Practitioner (FNP) Pathways

- Family Nurse Practitioner, ADN to DNP (MSN included)
- Family Nurse Practitioner, BSN to DNP (MSN included)
- Family Nurse Practitioner, Post Master's Certificate

Doctor of Nursing Practice (DNP), Master's Degree to DNP

- Advanced Practice Nurse (APN) Focus
- Nurse Executive Focus

Psychiatric & Mental Health Nurse Practitioner (PMHNP) Pathways

- PMHNP, ADN to DNP (MSN included)
- PMHNP, BSN to DNP (MSN included)
- PMHNP, Post Master's Certificate

- Nurse Anesthesia, BSN to DNP

- Advanced Practice Nurse Educator, Post Masters' Certificate

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. ***If you need additional space, please include a letter with the form.*** Return this form at your earliest convenience to The Graduate School either by mail or email to grad@otterbein.edu.

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:

	<u>OUTSTANDING</u>	<u>AVERAGE</u>	<u>BELOW AVERAGE</u>	<u>NO BASIS FOR EVALUATION</u>
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 Nursing Admission 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 _____

Email _____

Telephone Number _____