



# GRADUATE NURSING PROGRAM RECOMMENDATION FORM

Otterbein University  
1 South Grove Street  
Attn: Enrollment Services  
Westerville, OH 43081  
614-823-3272 (Recruiter)  
[gradadmit@otterbein.edu](mailto:gradadmit@otterbein.edu)  
[www.otterbein.edu](http://www.otterbein.edu) (web address)

THE GRADUATE SCHOOL

To the **Applicant**:

This form should be given to three clinical references who can recommend you for your selected program. Please choose a clinical supervisor, a peer (RN), and another clinician to complete and submit this form. 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." Share this form to the person who will write the recommendations for you. Please ask them to email this completed form to [gradadmit@otterbein.edu](mailto:gradadmit@otterbein.edu). Or, they can use the mailing address at the top of the form.

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

2. Please check area of study:

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

- Advanced Practice Nurse Focus
- Nurse Executive Focus

Nurse Anesthesia

- BSN to DNP

Family Nurse Practitioner (FNP)

- Family Nurse Practitioner, BSN to DNP (MSN included)
- Family Nurse Practitioner, Post Graduate Certificate

Psychiatric & Mental Health Nurse Practitioner (PMHNP)

- PMHNP, BSN to DNP (MSN included)
- PMHNP, Post Graduate Certificate

3. Please specify your relationship to the individual who is completing this form.

## 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:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To the **Recommender**:

The individual is seeking admission for graduate studies in Nursing at Otterbein University. Please be as complete and candid as possible regarding the individual and the individual's work. If you need additional space, please include a letter with the form. Return this form (and letter, if any) at your earliest convenience to **Otterbein University** via email to **gradadmit@otterbein.edu**, or use the mailing address on the front of this form.

1. I have verified that the information in Item 3 on the previous page is correct.  YES  NO
2. How long have you known the applicant? \_\_\_\_\_
3. Please rate the applicant in the following categories with reference to their potential for success in their chosen nursing field.

	Outstanding (Top 2%)	Excellent (Top 10%)	Good (Top 25%)	Average	Below Avg. (Lower 25%)	No Rating
Adaptability						
Clinical Ability						
Communication Skills						
Crisis Management						
Integrity						
Interprofessional Relationships / Team Player						
Leadership Potential						
Perseverance / Resilience						
Reaction to Criticism						
Self / Situational Awareness						
Self-Discipline						

4. Please comment on the ratings you assigned above and make additional statements about the applicant's accomplishments, potential, or personal qualities that should be considered by the Nursing Admission Review Committee.

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: \_\_\_\_\_ Date: \_\_\_\_\_

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

Title and Credentials: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_