

**NORTHERN MICHIGAN UNIVERSITY
DEPARTMENT OF NURSING
MASTER OF SCIENCE IN NURSING
FAMILY NURSE PRACTITIONER PROGRAM
2301 NEW SCIENCE FACILITY
MARQUETTE, MICHIGAN 49855
PHONE: (906) 227-2834 FAX: (906) 227-1658**

RECOMMENDATION FORM

MSN Applicant: Please complete this portion of the recommendation form and forward it to the person who will submit a letter of recommendation. Please provide them with an envelope that is stamped and addressed to the MSN Program

Applicant's Name	
Address	
City/State/Zip	
Name of the person completing the recommendation	

This recommendation will not be considered unless you (the applicant) signs one of the statements below. The family Education and Privacy Act of 1974 gives the student the right to inspect letters of recommendation written in support of applications for admission or fellowship. The law also permits students to waive that right if they choose, although such a waiver cannot be a condition of admission or award.

<input type="checkbox"/> The undersigned hereby waives any right to inspect the recommendation submitted by the person to whom this form is being given to.	<input type="checkbox"/> The undersigned, if admitted to graduate study in the Family Nurse Practitioner Program, reserves the right after enrollment to inspect the recommendations submitted by the person to whom this form is being given.
<div style="display: flex; justify-content: space-between;"> Signature _____ Date _____ </div>	<div style="display: flex; justify-content: space-between;"> Signature _____ Date _____ </div>

TO BE COMPLETED BY THE RECOMMENDER: PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1. How long have you known the applicant and in what connection?

2. What do you consider to be the applicant's strengths?

3. What do you consider to be the applicant's weaknesses?

PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS:					
	Poor	Average	Good	Excellent	Unable to Evaluate
1. Critical Thinking					
2. Clinical knowledge and skills					
3. Health assessment skills					
4. Decision-making skills					
5. Interpersonal Skills					
6. Ability to work with others					
7. Communication skills (oral)					
8. Writing ability					
9. Analytical ability					
10. Creativity					
11. Professionalism					
12. Level of independence					
13. Accountability					

Please comment on the ratings that you have assigned above and make any additional comments about the applicant's personal and professional qualities.

Signature _____ Date _____

Name _____

Title _____

Institution _____

Address _____

City/State/Zip _____

Telephone _____ Email _____

*Thank you for completing the recommendation form
Please return this form directly to the MSN Program*