

Applicant's Name _____ Date _____

Applicant:

List names of those individuals who will submit letters of recommendation. Return this form along with your application to:

Northern Michigan University
Department of Nursing
Master of Science in Nursing Program
2301 New Science Facility
Marquette, Michigan 49855

1. Academic Recommendation

Name _____
Title _____
Institution _____
Address _____

2. Clinical Recommendation

Name _____
Title _____
Institution _____
Address _____

3. Other Recommendation (Academic, Clinical or other Professional)

Name _____
Title _____
Institution _____
Address _____