



**Recommendation Form
Master of Science in Nursing**

Name _____
FIRST MIDDLE MAIDEN LAST

Present Address _____
CITY STATE ZIP COUNTY

Academic Employer

APPLICANT

1. Please complete the information above.
2. Read the statement below and, if you choose, sign it where indicated. The Family Education Rights and Privacy Act of 1974 entitles the School of Nursing students to have access to letters of evaluation in their records at the School. The applicant may waive the right of access to letters of evaluation in which case letters of evaluation will be considered confidential by the School of Nursing and will not be available to the student. If you wish to waive your right to access this letter of evaluation, please sign your name on the line below the following statement.

I, the undersigned, hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in this letter of evaluation.

Applicant's Signature _____ Date _____

3. Please provide your recommender with a copy of your form to be either mailed or emailed back to CSU. Email to data_entry@columbusstate.edu or mail to the following address:

Columbus State University
Attention: Enrollment Services
4225 University Ave
Columbus, GA 31907

RECOMMENDER

Please complete the information requested on this form. If you need additional sheets of paper, please staple them to this form. Your comments will be held confidential if the applicant has signed the statement above. Please return the form to Columbus State directly via the instructions above in item 3 for the applicant.

Proposed Major
MSN Programs
<input type="checkbox"/> Family Nurse Practitioner
<input type="checkbox"/> Nurse Educator
<input type="checkbox"/> Nurse Leader
<input type="checkbox"/> Informatics
Certificate Programs
<input type="checkbox"/> Nurse Educator
<input type="checkbox"/> Health Care Informatics

1. Please evaluate the applicant's qualifications by checking the appropriate spaces below.

Qualifications	Excellent	Good	Average	Below Average	No Basis for Judgement
Intellectual Ability					
Critical thinking					
Inquisitiveness					
Knowledge in subject of proposed study					
Verbal communication of ideas					
Written communication of ideas					
Industry and perseverance					
Emotional stability					
Self-image					
Independence					
Creativity-Imagination					
Leadership Ability					

2. Please describe your relationship to the applicant and how long you have known her/him.

3. The School of Nursing appreciates your statement concerning this applicant. Please comment on the following: Estimate of character, and how well qualified he/she is for advanced study in nursing.

4. Do you know of any special circumstances in the applicant's social or academic background or emotional makeup that should be considered in the evaluation of this applicant for graduate studies?

Signature _____ Date _____

Name (please print) _____ Position or Title _____

Daytime Phone Number _____

Non-Discrimination Policy: Columbus State University does not discriminate on the basis of race, religion, color, sex, national or ethnic origin in the administration of its educational policies, programs, or activities, its admissions policies, scholarship and loan programs, athletic and other university-administered programs or employment.