NEBRASKA WESLEYAN UNIVERSITY

MSN

Letter in Support of Master of Science in Nursing Application

To the Respondent: The individual named below has applied for the MSN program at Nebraska Wesleyan University.

Name:_____

Under the Family Educational Rights and Privacy Act, students have the right to inspect their files upon request. So that the person you have requested to write a letter of recommendation will know whether his or her letter will be held in confidence or if the letter will be open to inspections upon your request, please sign one of the following statements. The waiving of your right to see this letter of recommendation is not a requirement for admission.

I understand that I have the right to inspect my file upon request. However, I hereby DO WAIVE my right to access to this letter of recommendation.

_____
Applicant's signature *Date*

I DO NOT WAIVE my right of access to this letter of recommendation.

_____
Applicant's signature *Date*

Please respond to the following questions:

1. I believe the applicant's ability to pursue a Master of Science in Nursing degree is:
   ❑ Superior ❑ Excellent ❑ Good ❑ Fair ❑ Poor

2. How do you know this applicant? ❑ Student ❑ Employee ❑ Other_____

3. How long have you known this applicant? _____

4. For the following ratings, I am using this group for comparison.
   ❑ Other students ❑ Other Employees ❑ Co-workers ❑ Other_____

5. Rate this applicant using the following scale:
   1 below average 2 average 3 above average 4 excellent 5 cannot judge

___ initiative	___ ability to work with others	___ oral communication	___ thoroughness
___ responsibility	___ writing skills	___ attention to details	___ ethically guided
___ critical thinking skills	___ maturity	___ leadership	___ integrity
___ intellectual curiosity	___ ability to complete the two year program		

Letter of Recommentation: Please use the back of this application or attach a separate sheet for a formal letter of recommendation that will evaluate the candidate in relation to the following: the applicant's ability to do advanced study, critical thinking skills, oral and written communication skills, leadership ability, responsibility and initiative.

Signature_____Date_____

Type or Print Name_____Institution_____

Address_____

Position_____Daytime Phone_____

Please send the completed form to University College, Nursing Program
Nebraska Wesleyan University, 5000 Saint Paul Avenue, Lincoln, Nebraska 68504.
Students planning to attend the Omaha site should send the completed form to
Nursing Program, Nebraska Wesleyan University
11815 M Street Suite 100, Omaha, Nebraska 68137-2216