

Request for Recommendation

Please type or print clearly. This form may be duplicated as needed.

Applicant name: _____

TO THE RECOMMENDER:

The applicant named above is applying for admission to the UW Tacoma Master of Nursing program. As a part of the application process, performance in several areas is assessed. We appreciate your responses to the questions below, as this recommendation is an important part of the application file. This recommendation will be available to the student if the student is admitted and registered at the University unless the student waives such right to review below.

Please describe the applicant's performance by checking one appropriate space for each area of performance.

	Excellent	Above Average	Average	Below Average	Not Known
Ability as a scholar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical nursing competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching potential or ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory potential or ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality, integrity and ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall competence in own specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With respect to admission of this applicant, I (check one):

- strongly recommend the applicant for admission without reservation.
- recommend the applicant for admission.
- recommend the applicant with some reservation.
- do not recommend the applicant for admission.

If you have knowledge of the applicant's academic history, please comment on the applicant's ranking in the graduating class.

- Top 1%
- Top 5%
- Top 10%
- Other _____

Please add other comments as desired on the back of this sheet; attach additional pages as needed.

Signature _____ Position _____ Date _____

Company _____ Phone number _____ Relationship to Applicant _____ Years known _____

Return to:

University of Washington Tacoma
 Attn: MN Admissions
 1900 Commerce Street
 Tacoma, WA 98402-3100

or fax:
 (253) 692-4424

TO THE APPLICANT:

Under provisions of Public Law 93-380, the Family Educational Rights and Privacy Act of 1974, and under University guidelines pursuant to that Act, a student (defined as any person who has been officially admitted and registered at the University of Washington) has the right to review recommendations made in his or her behalf unless the student waives this right at the time the recommendation is solicited. If you wish to waive your right to review this recommendation, please indicate by signing here:

Applicant Signature: _____ Date: _____