

Midway University
Recommendation Form
Master of Science in Nursing

APPLICANT: Fill in your name and forward one copy to each respondent. Please provide a stamped, addressed envelope along with each form. **Three recommendations are required with your application:** should be from supervisor/employer, clergy, coach or current or former academic faculty.

Read the statement below, and, if you choose, sign it where indicated. The Family Education Rights and Privacy Act of 1974 entitles Nursing graduate 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 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, 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.

Name of Applicant: _____

Applicant Signature: _____ **Date:** _____

RECOMMENDER: The admission procedure for Midway University Nursing requires applicants to gather individual recommendations. Please complete and return this form to Midway University, Admissions Office, 512 E. Stephens Street, Midway, KY 40347 or fax to (859) 846-5787.

Recommender Name: _____

Position/Title: _____

Institution/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Number: _____ Cell Phone: _____

Email address: _____

Please check the box that best describes your relationship with the applicant:

- Faculty/Instructor Supervisor Employer Other

If other, please explain: _____

Signature: _____ **Date:** _____

Midway University MSN Program Recommendation Form

Please rate the applicant in the areas indicated below by checking the appropriate responses; outstanding, above average, satisfactory, below average, or indicate "unable to comment."

Area	Outstanding	Above Average	Satisfactory	Below Average
Intellectual Ability				
Critical Thinking Ability				
Problem Solving Ability				
Quality of Oral Communication				
Quality of Written Communication				
Motivation				
Emotional Maturity				
Self-Image				
Independence				
Creativity				
Leadership Ability				
Teaching Ability				
Perseverance				
Organizational Ability				
Sense of Humor				
General Knowledge of Nursing				
Ability to Meet a Deadline				
Ability to Work with Others or in Groups				
Commitment to Nursing				
Professional Integrity				

How long have you know the applicant and in what capacity?

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

Do you know 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?

What do you consider to be areas for improvement, including those that may limit the applicant's ability to succeed in a graduate program?

Additional Comments. (Please feel free to attach additional pages if necessary.)

Please rate the applicants overall ability to do graduate level work:

- Poor
 Fair
 Good
 Excellent