

University of Pittsburgh School of Nursing

Master's Program

PROFESSIONAL RECOMMENDATION

FOR: _____
Last Name First Middle/Maiden (if applicable)

TO THE APPLICANT: Please seek recommendations from persons who can evaluate your potential for succeeding in your chosen nursing specialty, such as a recent employer. If you have been a student in the last five years, please give a recommendation form to a faculty member or the academic program director.

TO THE EVALUATOR: The person whose name appears above is applying to the Master's Program in Nursing at the University of Pittsburgh and has asked you for a reference. This recommendation will be used solely for evaluation for admission purposes. It will not be made a part of the individual's permanent record and is not subject to the Family Educational Rights and Privacy Act of 1974. The applicant will not at any time have access to this recommendation.

Please complete this form, place it in the envelope provided by the applicant, sign your name across the envelope flap to ensure confidentiality, and return the envelope directly to the applicant. He or she will then submit this recommendation to the School of Nursing as part of the complete application package.

Thank you for completing the Professional Recommendation Form. We are grateful for your input.

1. In what specific capacity have you known the applicant and for how long?

2. Has the applicant shown that he/she has well defined career goals?

3. What is your estimation of the applicant's principal strengths as they relate to participation in the Master's Program in Nursing?

4. Please evaluate the applicant's ability to communicate in oral and written form.

(over)

