STEVENSON UNIVERSITY ONLINE

Master of Science in **Nursing**

Professional Recommendation Form

Applicant: _____

Address: _____ City: _____ State: _____

Under the Family Educational Rights and Privacy Act of 1974, the above named applicant has the right, upon enrollment at Stevenson University, to review these recommendations, unless, as indicated by signing below, the applicant waives this right.

I hereby waive (◯) do not waive (◯) my right to review this recommendation form.

Applicant Signature: _____ Date: _____

Please note: At least one recommendation must be from a current or past supervisor.

Applicant Reference: The Admissions Committee appreciates your response to the following questions. Please send your completed form to the address on the next page.

1. How long and in what capacity have you known the applicant?

2. Please describe the applicant's strengths.

3. What do you consider to be the applicant's weaknesses?

Please rate the applicant using the scale below.

	Outstanding	Above Average	Average	Below Average	Unable to Assess
Motivation					
Leadership capabilities					
Resourcefulness					
Judgment and Maturity					
Ability to work with others					
Breadth of general knowledge					
Quality of written expression					
Potential for graduate study					

If you would like to share further information regarding this applicant please attach a separate narrative.

Name:_____ Title: _____

Employer: _____ Email address:_____

Address: _____ City: _____ State:_____

Phone number:_____ Signature: _____ Date: _____

Applicant Reference: Please send your completed form to Stevenson University Online by email or mail.

Email (using your work address):
SUO-Inquiry@stevenson.edu

Postal Mail:
Stevenson University Online
1525 Greenspring Valley Rd.
Stevenson, MD 21153