The University of Iowa College of Nursing

MSN Recommendation Form

To the Applicant

Please type or print the following information.

Applicant's name_____
first middle last

Applicant's address_____
number street

_____
city state zip code telephone (include area code)

Applicant's UID #_____

I authorize _____ to complete this recommendation form and understand that the information will be kept confidential.

Appraiser's position_____

Appraiser's professional relationship to applicant _____

WAIVER

I understand that, under the provision of the Family Educational Rights and Privacy Act of 1974, I have the right to examine this recommendation and educational records following matriculation at The University of Iowa College of Nursing unless such right is waived. Please indicate below (checking the appropriate box and completing signature/date) whether or not you wish to waive this right.

☐ I expressly waive my right to examine or otherwise have access to this recommendation.

☐ I do not expressly waive my right to examine or otherwise have access to this recommendation.

Signature_____
Date_____NOTICE TO THE PERSON WRITING THIS RECOMMENDATION

Unless the above waiver is checked waiving access and signed by the applicant, this recommendation is not confidential.

To the Appraiser

Please answer the following questions and make a detailed and candid statement to assist us in judging the applicant's professional nursing practice and capacity/potential for graduate study.

Please type or print your responses.

1. How well (and in what capacity) do you know the applicant?

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

3. Describe the applicant's ability to work with others (peers, supervisors, and subordinates) and ability to: lead; delegate responsibility; and work in a team environment.

4. What is your overall assessment of the applicant's potential for a career in advanced practice nursing?

5. Give an example of the applicant's ability to take initiative which, in your estimation, demonstrates the capacity and potential for graduate study.

Thank you for your willingness to provide this assessment.
This recommendation is a component of the application, so a prompt return is important.

Appraiser's name_____
first middle last

Appraiser's address_____
number street

_____
city state zip code telephone (include area code)

If we need a clarification, may we contact you?_____

Signature_____

Date_____

Please place this completed form in a business size envelope, seal and sign your name over the flap. Return form to the applicant. Applicant will submit with other application materials.