



Graduate School Letter of Recommendation Form

Master of Science in Nursing

Name of Applicant: _____
(please print)

A student enrolled at Trinity College of Nursing & Health Sciences has access to his/her educational records upon request. I understand that, under the provision of the Family Educational Rights and Privacy Act of 1974 (FERPA), I have the right to examine this recommendation unless such right is waived. (Please indicate below whether or not you wish to waive this right by checking the appropriate box and completing the signature and date.)

- I waive my right of access to the letter of recommendation submitted on my behalf.
- I do not waive my right of access to the letter of recommendation submitted on my behalf.

Applicant Signature: _____ Date: _____

Name of Recommender: _____ Title: _____

How long have you known this applicant?: _____

In what capacity?: _____

The recommendation you provide is an important factor in the admission of students to our Graduate Nursing Program and will be given careful consideration. Please check the degree to which the applicant most closely displays each of the following characteristics.

Academic Ability	Outstanding	Excellent	Above Average	Average	Below Average
Perseverance Toward Goals					
Ability To Grasp New Concepts					
Responsibility					
Written Expression Of Ideas					
Verbal Expression Of Ideas					
Interpersonal Skills					
Self-Directed Learning					
Originality/Intellectual Creativity					

Signature: _____ Date: _____

- Recommend with confidence
- Recommend
- Recommend with reservation
- Do not recommend

On the back of this form or on a separate page, please provide specific examples of evidence of this applicant's strengths and weaknesses. Please print or type your response.

To the recommender: Please return this form to

Trinity College of Nursing & Health Sciences
Attention: Admissions
2122 25th Avenue
Rock Island, IL 61201