



RECOMMENDATION FORM

Please return to:
California State University San Marcos
Extended Learning Student Services Center FCB 7-105
333 S. Twin Oaks Valley Rd.
San Marcos, CA 92096-0001
Attn: MSN

To the Applicant: Please complete the upper portion of the recommendation form. Recommendations are to be completed by professional sources.

Applicant's Name: _____

Under the Federal Family Education Rights and Privacy Act of 1974, as amended, students are entitled to review their records, including letters of recommendation. It is your opinion to waive your right to access these recommendations or to decline to do so. The University does not require that you make such a waiver as a condition for admission.

- I do not waive my right of access to this recommendation I waive my right of access to this recommendation

Applicant's Signature: _____

Date: _____

Please note as is indicated above, whether or not the applicant has waived his/her rights to access your recommendation. CSUSM would appreciate your writing us as fully as you can concerning the applicant. We would particularly appreciate your candid opinion of the applicant's abilities to undertake graduate study, and of his/her commitment to a career in a health-related profession. Please complete the remaining portion of this form and return it to the above address.

How long and how well have you known the applicant, and in what capacity?

In comparison with other students you have taught or other employees you have supervised or with whom you have worked, how do you rate the applicant on the following characteristics?

	Outstanding	Very Good	Average	Below Average	Unable to Evaluate
Creative thinking/inquisitiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance in pursuing goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to collaborate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical and flexible thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to perform under stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe qualifications, traits, or accomplishments you feel demonstrate the applicant's ability to do graduate work.

What is your estimate of the applicant's potential to contribute to the profession of nursing?

Additional comments:

Please indicate the confidence with which you would or would not recommend the applicant for admission to the Graduate Nursing Program at California State University San Marcos:

Strongly Recommend Recommend Recommend with Reservation Do Not Recommend

Please add any additional comments you may wish to make on a separate sheet of paper.

Signature: _____

Date: _____

Name: _____

Title: _____

Organization: _____

Address: _____

Telephone Number: _____

Please place recommendation in a sealed envelope.

Sign your name across the seal and return it to the applicant or mail to the address listed on the front page.