



Admissions Reference Form for MSN Program

(This form can be returned via Email or mail)

graduateadmissions@gsw.edu

Graduate Admissions

Georgia Southwestern State University
800 Georgia Southwestern State University Drive
Americus, Georgia 31709

OFFICE USE ONLY

RECEIVED BY _____

DATE _____

To the Applicant: Complete the information in this section and then forward this form to the person who is recommending you for admission. **THREE recommendations are required** to complete your application packet for admission to the School of Nursing MSN program.

Name _____
First Middle Last
Maiden Name

Address _____
Street Address/P.O. Box City State Zip

Email: _____
Use personal email not work place email

Telephone: Home _____ Cell _____

Program Track: MSN/Educator MSN/Leadership MSN/Informatics MSN/Family Nurse Practitioner

The Family Education Rights and Privacy Act of 1974 provides you access to any letters of recommendation written about you, but recommendations in confidence carry greater weight. Therefore, you may wish to consider waiving your right of access to this letter of recommendation.

I hereby waive do not waive my right of access to this letter of recommendation.

Applicant's Signature _____ Date _____

To the Person Completing the Recommendation: The person named above is applying for admission to the Master of Science in Nursing at Georgia Southwestern State University. This program is designed for mature adults seeking intellectual challenge and personal or professional development. The admissions committee is interested in your assessment of those personal qualities that relate to the candidate's ability to pursue a rigorous, interdisciplinary course of graduate study: Does he or she think critically, speak and write well, work independently? Is he or she creative, highly motivated, disciplined? We will appreciate receiving your candid evaluation of the candidate's strengths and weaknesses in these areas as well as any other information you consider relevant. The applicant to Graduate Studies must submit an application packet complete with three recommendations to the School of Nursing at Georgia Southwestern State University. For your information, please note in the section above whether or not the applicant has waived access to this recommendation. **If right of access has been waived, this form can be emailed to graduateadmissions@gsw.edu.**

How long and in what connection have you known the applicant? _____

Your evaluation of this applicant: (May continue on next page)

Evaluation continued:

Please rate the applicant in each of the following skills:	Excellent	Good	Average	Poor	Not Observed
CRITICAL THINKING					
CREATIVITY AND IMAGINATION					
VERBAL COMMUNICATION					
WRITTEN COMMUNICATION					
SELF-RELIANCE/INDEPENDENT THINKING					
FLEXIBILITY					
PROFESSIONAL KNOWLEDGE					
INTEGRITY					
LEADERSHIP/ABILITY TO WORK WITH OTHERS					
MATURITY					
MOTIVATION					
SENSITIVITY TO PATIENTS/CUSTOMERS					

I ____ recommend ____ do not recommend ____ recommend with reservation

Recommender Signature: _____

Name of Recommender _____ Position/Title _____

Employer _____ Address: _____

Email (Optional) _____

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