

Recommendation for Graduate Study

Name:						
Fi	rst	MI	Last	(Previous Last if Applicable)		
Street Address/P.O.	Box					
City		_ State	Zip:	County		
Email						
Telephone: Cell _			Work			
Please select propos	sed major or ce	rtificate pro	gram.			
Degree Sought:	MSN - FNP MSN - Informatics MSN - Education MSN - Leadership/Management					
Certificate Sought:	Education	MS	SN - Leadership/Management			
recommendation wr	itten about you	, but recom	nmendations ir	es you access to any letters of a confidence carry greater ght of access to this letter of		
I herebywaive	do not	waive my ri	ght of access	to this letter of recommendation.		
Applicant's Signatur	e:					
Date:						
and return it, in a sea made the request. T complete with three	aled envelope v he applicant to recommendati your informati	vith your sig Graduate S ons to Grac on, please r	gnature across Itudies must si Iuate Admissionote in the sec	quested to complete this form the seal, to the person who ubmit required documents ons at Georgia Southwestern tion above whether or not the		
Name:						
Position:						
Employer:						
Address:						
How long have you	known the appl	icant?				
In what capacity?						
Would you like to be	e contacted abo	out this app	licant?			
Telephone:						



Rating Form

Please rate the applicant when compared to peers on the following skills using the scale provided.

Attribute	No Evaluation	Unsatisfactory	Minimally Satisfactory	Average	Above Average	Excellent
Critical Thinking skills						
Creativity & Imagination						
Communication Skills						
Self-Reliance / Independent Thinking						
Motivation for Graduate Studies						
Research Aptitude						
Professional Knowledge						
Ability to Work with Others						

In addition to specific ratings on this form, please submit a letter of recommendation addressing the applicant's scholarship, personality, character, and professional promise for the MSN program. Please include assessment of strengths and weaknesses in your letter.