

School of Nursing

APPLICANT

Name: _____
last first middle

Degree/s Sought: _____ Focus: _____

Address: _____
street address city state zip code

Name of recommender: _____
last first middle

Type of reference: Academic Professional

Family Educational Rights and Privacy Act of 1974

The purpose of this recommendation is to assist in making the admission decision. Under the provisions of this act you have the right, if you enroll at the Johns Hopkins University School of Nursing, to review your recommendations. The act further provides that you may waive your right to see the recommendations filed for admission. Please indicate your choice and sign your name whether or not you wish to waive this right.

I waive I do not waive my right of access that I may have to this recommendation form

Signature: _____ Date: _____

RECOMMENDER

The person whose name appears above has applied for admission to the Johns Hopkins University School of Nursing. It would be helpful to the Admissions Committee if you would provide your assessment of the applicant. Please complete the information requested on both sides of this form. When complete, return in a **sealed envelope with your signature across the back flap** to either the applicant or the Office of Admissions and Student Services, Johns Hopkins University School of Nursing, 525 North Wolfe Street, Baltimore, MD 21205-2110.

Please describe your relationship with the applicant and how long you have known him/her.

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

What do you consider to be the applicant's weaknesses?

How well do you think the applicant has considered plans for this program?

What do you think is the applicant's potential for creative scholarship and research?

Please rate the applicant using the following scales:

	Outstanding Top 5 %	Above Average Top 25%	Top 50%	Below Average	No opportunity to observe
Motivation					
Leadership capabilities					
Resourcefulness					
Judgment and maturity					
Ability to work with others					
Breadth of general knowledge					
Intellectual capacities					
Quality of written expression					
Analytical ability					
Quantitative ability					

Please comment on the ratings that you have assigned and make additional comments about the applicant's record, potential, personal or leadership qualities which you feel would be helpful to the Graduate Admissions Committee. We are especially interested in anything that you might add that would not be otherwise apparent in the applicant's record.

In making our admission decisions, we value your appraisal of the applicant's qualities. Thank you for your evaluation.

Name: _____ Title: _____

Institution: _____

Address: _____

Telephone number: _____ Email address: _____

Signature: _____ Date: _____