

APPLICANT

_____ last name

_____ first name

_____ middle name

Type of reference: Academic Professional

Applicant's Waiver

Under the Family Educational Rights and Privacy Act (FERPA) you have the right, if you enroll at the Johns Hopkins University School of Nursing, to review your recommendation. The act further provides that you may waive your right to see your recommendation. Please indicate your choice and sign your name whether or not you wish to waive this right.

I waive

I do not waive

Signature: _____

Date: _____

RECOMMENDER

The Admissions Committee is interested in your assessment of the applicant. You may use this form to address the questions below or you may address the questions below on letterhead and include it with this form. Once complete, return your recommendation in a sealed envelope with your signature across the back flap to the applicant or the Johns Hopkins University School of Nursing, Office of Admissions and Student Services 525 North Wolfe Street, Suite 113, Baltimore, MD 21205.

What is your relationship with the applicant? _____

How long you have known the applicant? _____

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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadth of general knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual capacities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____ Title: _____

Employer: _____ Email address: _____

Address: _____

Phone number: _____ Signature _____ Date: _____