

**Georgia College and State University
College of Health Sciences
Graduate Nursing Programs**

STATEMENT OF RECOMMENDATION

To the Applicant: Three separate references are required, but this form is only to be completed by references who do not use the required, professional email address. *Complete the top section yourself. When the form is completed, it should be scanned and returned to grad-admit@gcsu.edu by the reference or sent in a sealed envelope, with the recommender's signature across the seal. DO NOT OPEN. Submit sealed recommendations with the other required application materials to: Graduate Admission Office, Campus Box 107 Milledgeville, GA 31061*

Name: _____

Seeking Admission for: _____

Should you be admitted to the University, you would have the right, as a student, to review your permanent record including this recommendation form on file with the University. Some persons prefer not to complete recommendation forms, however, unless they can be assured of the confidentiality of their comments. In any event, your application will be given full consideration based on all the information accumulated in your application file, including this form, regarding of your decision on waiving your right to future review.

I agree to waive my right to review this statement of recommendation.

I do not agree to waive my right to review this statement of recommendation.

Applicant Signature: _____ **Date:** _____

Person providing the reference (please type or print):

Name/Title: _____

Institution/Organization: _____

Address: _____ Telephone: _____

Relationship to Applicant: _____

Please numerically indicate the value that most approximately rates this individual's performance.

	4 = Excellent	3 = Above Average	2 = Average	1 = Below Average	Not able to evaluate
Academic Ability					
Written Communication					
Verbal Communication					
Motivation					
Emotional Stability					
Ability to work independently					
Ability to work in a group					

Leadership Skills					
Initiative					
Professionalism					
Responsiveness to Feedback					
Research Potential					
Ability to Problem Solve					

Please use the rest of this form to share your evaluation of the applicant's suitability to pursue graduate level study. Please attach an additional page if necessary.

1. How well do you know the applicant? How long and in what capacity?

2. Please give your opinion of the applicant's ability to do graduate work.

3. Please give your opinion of the applicant's expertise in her/his field.

4. Please add any additional comments:

Georgia College and State University Graduate Nursing Programs	<i>Please check one of the following:</i>
I would strongly recommend the above-named applicant	
I would recommend the above-named applicant	
I would recommend the above-name applicant with reservations	
I would not recommend the above-named applicant	

Referee Signature: _____ **Date:** _____

Once the form is completed, please place in a sealed envelope with your signature over the seal and return to the applicant.