



MASTER OF SCIENCE IN NURSING (MSN) PROGRAM CONFIDENTIAL RECOMMENDATION STATEMENT

Applicant

Please complete and sign this section before giving the form to your reference.

Applicant's Name: _____

Intended ☐ Adult-Gerontology Primary Care Nurse Practitioner ☐ Adult-Gerontology Acute Care Nurse Practitioner
track: ☐ Clinical Nurse Leader ☐ Nursing Administration ☐ Nursing Education ☐ RN to MSN Bridge

In accordance with the Family Education Rights and Privacy Act of 1974, you, the applicant, have the right to review this recommendation if you enroll in the Master of Science (M.S.) Program in Nursing. This Act also provides that you may waive your right by signing the statement below.

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

Signature: _____ Date: ____/____/20____

Failure to complete and sign this section will be considered an expressed waiver of your rights.

Reference

The person listed above has applied for admission to the Moravian College Master of Science in Nursing (MSN) Program and has given your name as a reference. The Master of Science in Nursing (MSN) Program is a graduate program designed for RN's with professional interests and goals in one of six program tracks – Nurse Administrator, Nurse Educator, Clinical Nurse Leader, Adult-Gerontology Primary Care Nurse Practitioner, Adult-Gerontology Acute Care Nurse Practitioner, and RN to MSN Bridge. Please provide us with your candid evaluation of this individual's areas of strength and needs for growth, as well as your assessment of the candidate's ability to be successful in our graduate program. Your personal experience with the candidate provides a perspective we find valuable in our assessment of his or her application for admission. We value your personal and candid opinion of his or her potential to successfully complete this program. Please use only this form and return it directly to Moravian College in an envelope sealed by you and signed over the envelope flap. Send to: **Moravian College, The Helen S. Breidegam School of Nursing, 1200 Main Street, Bethlehem, PA 18018.**

Name of recommender: _____
Please Print

Position: _____ Organization: _____

Address: _____

Phone (Work): (____) _____ ext. _____ Email: _____@_____

How long have you known the applicant? _____ Less than one year _____ One to three years _____ More than three years

In what context have you known the applicant? _____

What are the applicant's particular strengths? _____

What areas of growth opportunity do you see in the applicant? _____

Assessment of Applicant's Abilities

Please rate the applicant by putting a check mark in the appropriate box under the following descriptors: Superior, Excellent, Satisfactory, Fair, Weak, or Inadequate Opportunity to Observe.

Inadequate Opportunity to Observe	Applicant Assessment	Superior (Top 5%)	Excellent (Top 10%)	Satisfactory (Top 25%)	Fair (Top 50%)	Weak (Lower 50%)
	Performance or potential as a creative or innovative leader in nursing					
	Productivity in independent work or projects					
	Ability to create and communicate a vision					
	Intellectual aptitude or potential					
	Contribution to practice dilemmas with a culture of inquiry and best-practice solutions					
	Management of projects or programs that promote safe and quality outcomes					
	Adherence to professional nursing standards in guiding ethical decision-making					
	Accountability in developing quality and performance initiatives in multidisciplinary settings					
	Advocacy for nursing's cultural competence in the organization and community settings					
	Proficiency in use of technology, including Internet and word processing					
	Effectiveness in oral expression					
	Effectiveness in written communication					
	Flexibility and adaptability to change					
	Overall potential for success in graduate education					

Additional Comments (you may attach an additional page if your comments exceed the space provided): _____

(Signature)

(Date)