

# Viterbo University School of Nursing Graduate Program Recommendation Form

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(Maiden Name)

is applying for admission to the Graduate Program at Viterbo University, La Crosse, Wis., and has listed you as a reference on his/her application.

**TO THE APPLICANT:** Under the Privacy Act of 1974, students who are admitted and matriculate into a program are given the right to inspect their records, including their letter of recommendation, unless they have waived their right to review. Please check one of the options indicating your preference, and affix your signature.

- I waive my rights to access this letter of recommendation.  
 I do not waive my right to access this letter of recommendation.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

## TO THE RECOMMENDER

1. Rate the applicant on each of the following items according to the following scale: 1=Below Average, 2=Average, 3=Above Average, 4=Outstanding, X=Inadequate knowledge to rate

	(Circle One)				
Intellectual ability	1	2	3	4	X
Motivation and initiative	1	2	3	4	X
Judgement	1	2	3	4	X
Written communication skills	1	2	3	4	X
Oral communication skills	1	2	3	4	X
Skill in interpersonal interactions	1	2	3	4	X
Organizational skills	1	2	3	4	X
Emotional maturity/adaptability	1	2	3	4	X
Dependability/integrity	1	2	3	4	X
Potential for this person to succeed in graduate study	1	2	3	4	X
Clinical competence	1	2	3	4	X

2. On the reverse side of this sheet, please summarize your evaluation of the applicant's abilities in narrative fashion if desired.

3. How long have you known the applicant? \_\_\_\_\_  
In what capacity? \_\_\_\_\_

4. Check one:  Strongly recommend  Recommend  Hesitate to recommend  Don't recommend

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Print or Type

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Please return this form to:**  
School of Nursing Graduate Program  
Viterbo University  
900 Viterbo Drive  
La Crosse, WI 54601