

## Undergraduate/Graduate Student Recommendation Form

University of Maryland School of Nursing

- **Traditional BSN applicants** must submit two recommendation forms.
- **RN-to-BSN applicants** must submit two recommendation forms; one must be from an academic source.
- **Clinical Nurse Leader applicants** must submit one recommendation form from a faculty member.
- **RN-to-MS/Master's specialty applicants** must submit one recommendation form from a recent professional reference.

### Applicant Instructions:

1. The Office of Admissions must receive official recommendations directly from your recommender(s).
2. Complete the student information below and then provide this form to each recommender to complete on your behalf.
3. Instruct your recommenders to submit the completed form to [admissions.nursing@umaryland.edu](mailto:admissions.nursing@umaryland.edu).
4. Forms received from the student will not be accepted as official; for a paper recommendation form to be considered official, the envelope must be sealed and from the recommender.
5. Letters of recommendation received without this recommendation form will not be considered official and will not satisfy the recommendation requirement.

**Student Information:** Student ID: @ \_\_\_\_\_ Program: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Recommender Instructions:

Submit evaluation and any supporting documents to [admissions.nursing@umaryland.edu](mailto:admissions.nursing@umaryland.edu).

	Excellent	Above Average	Average	Below Average	Poor	Unable to Assess
Analytical ability						
Verbal expression skills						
Written expression skills						
Breadth of knowledge						
Perseverance and determination						
Potential as a scholar/researcher						
Overall potential						

In what capacity have you known the applicant?  Academic  Professional  Personal  Other \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Institutional Affiliation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Additional letter(s)/statement(s) may be attached but are not required.*