



CEDAR CREST COLLEGE

Master of Science in Nursing Confidential Recommendation Form

Center for Lifelong Learning • 100 College Drive • Allentown, PA 18104-6196

Name of Applicant _____

Social Security Number _____

Current Address _____

City _____

State _____

Zip Code _____

Applying for the _____

(degree) in the _____

program.

AUTHORIZATION FOR WAIVER: TO BE READ AND SIGNED BY THE APPLICANT. Agreeing to waive your rights to review this waiver is not required as a condition of admission to Cedar Crest College Graduate Programs.

I understand my right under the U.S. Family Rights and Privacy Act of 1974 to review confidential appraisals placed in my file that are submitted with reference to admission to a graduate or other school.

I do () do not () waive my right to review this reference report.

Date _____

Signature of Applicant _____

TO THE APPLICANT: Please complete the above information and send this form to the individual who will be providing your reference. The Evaluator should return the reference report to you. Please send reference reports, in sealed envelopes, with all other application information to the Center for Lifelong Learning, Cedar Crest College, 100 College Drive, Allentown, PA 18104-6196. Once received, the references will become the property of Cedar Crest College and will not be returned.

TO THE EVALUATOR: Please complete the information requested on both sides of the form. If you need to use additional sheets of paper, please staple them to this form. Your comments will be held completely confidential, if the applicant has waived his or her rights. Your candid completion of this evaluation is appreciated. Please return this form to the student in the envelope provided.

Name of EVALUATOR _____

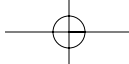
How long and in what capacity have you known the applicant? _____

In evaluating this applicant, with what reference group are you making comparisons?

- Graduate student Undergraduate student Professional

Keeping in mind your reference group, please evaluate the applicant as fairly as you can in each of the categories below by placing an "X" in the appropriate box beneath the scale at the top.

	Excellent Top 10%	Above Average Top 25%	Average Top 50%	Below Average Bottom 50%	Unable to judge
Intellectual ability					
Breadth of knowledge					
Academic achievement					
Creative qualities					
Maturity and emotional stability					
Leadership potential					
Initiative					
Ability to express ideas and feelings orally					
Ability to accept constructive feedback					
Sensitivity					
English language oral fluency					



What do you consider to be the applicant's major strengths?

In what area(s) does the applicant need further development?

Summary Evaluation

_____ I **strongly recommend** this applicant for admission and believe that she/he has the capability to perform at a superior level.

_____ I **recommend** this applicant for admission and believe her/his performance should be comparable to that of most graduate students.

_____ I believe that the applicant's qualifications are **marginal**, but the applicant has potential and would benefit from study in your program.

_____ I **do not** recommend this applicant for admission to your graduate program.

Evaluator's Signature

Date

Name (Type or Print)

Position or Title

Employer

Telephone Number

Email Address

05/08

