## University at Buffalo School of Nursing Letter of Recommendation UB School of Nursing Graduate Programs

Name of applicant (please print)

LAST	FIRST	MIDDLE, MAIDEN, OR SURNAME
(program to w	hich you are applying – ex. FNP)	(degree – MS, Post MS Adv. Cert., DNP)
WAIVER OF	RIGHT OF ACCESS TO CONFIDEN	TIAL STATEMENTS
I have asked _	(print name of para	on requested to write a reference)
		•
UB School of	Nursing. I hereby waive my right to in	t of my application/consideration for admission to the spect the letter of recommendation. I understand that

the University at Buffalo does not require that I waive that right as a condition for admission. If the applicant does not sign the above waiver statement the law specifically reserves to the applicant the right of access to the letter in question.

## STUDENT'S SIGNATURE

DATE

Please use this form for your recommendation for the candidate for graduate school. We appreciate your honest assessment of the applicant in all the suggested areas about which you have knowledge; additional comments and observations are welcomed. We appreciate a reply at your earliest convenience.

In the table below, please rate the applicant's ability on each attribute, using the 1-4 scale. Check the last column if you are unable to judge or evaluate the applicant in this area.

Criteria	Outstanding	Above Average	Average	Below Average	Unable to
	(4)	(3)	(2)	(1)	evaluate
Critical thinking skills					
Intellectual creativity					
Clinical competence					
Professional attitude and the ability to self-evaluate					
Integrity					
Attendance/Punctuality					

Interpersonal skills/ working in teams including the ability to work with differences in people (race, class, age, culture, ethnicity, sexual orientation			
Organizational skills			
Leadership potential			
Flexibility/adapts to change			

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

Please add or attach any additional comments that would illustrate the applicant's ability to be successful as a graduate student. Thank you for your responses.

Recommendation written by:

(print your name)	(title)
(place and address of employment)	
(phone number)	(email)

Please return the letter directly to: School of Nursing, University at Buffalo, Beck Hall, 3435 Main Street, Buffalo, NY 14214-8013.

Revised 11/13/14