Letter of Recommendation UB School of Nursing Graduate Programs

THIS FORM MUST BE ATTACHED TO YOUR LETTER OF RECOMMENDATION

Name of applicant (please print)

LAST                                          FIRST                                               MIDDLE, MAIDEN, OR SURNAME
______________________________________________      _____________________________________

(program to which you are applying – ex. FNP)      (degree – MS, Post MS Adv. Cert., PhD)

WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENTS

I have asked _________________________________________
(print name of person requested to write a reference)
to write a letter of recommendation for me in support of my application/consideration for admission to the UB School of Nursing. I hereby waive my right to inspect 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

SUGGESTIONS FOR THE CONTENT OF THIS RECOMMENDATION FOR GRADUATE SCHOOL

This form is for your use in developing a recommendation for the candidate. We appreciate your honest assessment of the applicant in all the suggested areas about which you have knowledge; additional comments and observations are welcomed. If you have your own letterhead, please use it but return this form with your letter. We appreciate a reply at your earliest convenience.

Please return the letter directly to: School of Nursing, University at Buffalo, 103 Wende Hall, 3435 Main Street, Buffalo, NY 14214-8013.

- How long have you known the applicant and in what capacity?
- In what area has the applicant shown the greatest ability?
- How do you assess the candidate’s ability to succeed in a rigorous graduate program?
- Please comment on the candidate’s clinical expertise.
- Identify examples of the applicant’s intellectual capacity and creativity?
- Identify examples in which the applicant was able to evaluate and learn new ideas?
- Identify significant strengths and those areas which could be improved.
- Has the candidate shown examples of leadership in educational or career settings or professional organizations?

Recommendation written by:

_____________________________________________   _______________________________________
(print your name)     (title)

________________________________________   ____________________________________________
(phone number)     (email)

_____________________________________________________________   _______________________
(signature)         (date)