## 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 CONFIDENTIA	AL STATEMENTS
I have asked	
to write a letter of recommendation for me in support of of Nursing. I hereby waive my right to inspect the letter	nested to write a reference) my application/consideration for admission to the UB School of recommendation. I understand that the University at Buffalo admission. If the applicant does not sign the above waiver the right of access to the letter in question.
STUDENT'S SIGNATURE	DATE
SUGGESTIONS FOR THE CONTENT OF THIS RI	ECOMMENDATION FOR GRADUATE SCHOOL
the applicant in all the suggested areas about which you welcomed. If you have your own letterhead, please use i your earliest convenience.  Please return the letter directly to: School of Nursing, Un Buffalo, NY 14214-8013.  How long have you know the applicant and in In what area has the applicant shown the great How do you assess the candidate's ability to so Please comment on the candidate's clinical explicantify examples of the applicant's intellectuated in the candidate's clinical explicantify examples in which the applicant was a lidentify significant strengths and those areas were sufficiently examples are sufficiently ex	what capacity? sest ability? succeed in a rigorous graduate program? pertise. al capacity and creativity? able to evaluate and learn new ideas? which could be improved.
- Has the candidate shown examples of leadersh organizations?	nip in educational or career settings or professional
Recommendation written by:	
(print your name)	(title)
(place and address of employment)	
(phone number)	(email)

(signature)

(date)