THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
SCHOOL OF NURSING
RECOMMENDATION FOR ADMISSION FOR MASTER OF SCIENCE IN NURSING

NOTE TO APPLICANT: Recommendation form is to be completed by a college level instructor or employer who is familiar with the applicant. **Be sure to put your name on this form before giving it to the evaluator.**

NAME OF APPLICANT: _____ SOCIAL SECURITY NUMBER _____

I waive / do not waive my right to view this recommendation.

Signature _____ Date _____

Please evaluate the applicant to the following scale:

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Decision Making: (Thinks situations through completely, considers alternatives, arrives at logical conclusions, takes appropriate action.)			
Works well with others. (Works well with peers and subordinates, shows respect for others, demonstrates tact in relationships.)			
Academic Performance (If Known, N/A if not applicable)			
Leadership Potential: (Directs group efforts effectively, organizes efficiently, is resourceful.)			
Integrity: (Guided by moral principles, trustworthy, dependable.)			
Emotional Stability: (Adapts well to new situations, does not exhibit extremes in behavior.)			
Initiative: (Seeks opportunities for growth.)			
Probable Success as a Graduate Student			

How long have you known the applicant? _____
To what extent are you willing to recommend this person for admission to our Graduate School?
_____ Not at all _____ With some reservation _____ Without reservation

Signed: _____
Relationship to applicant:
_____ Academic _____Employer

RETURN TO:

University of Mississippi Medical Center
Office of Student Records and Registrar
2500 North State Street
Jackson, MS 39216-4505

_____
Name & Title (Please Print)

_____
School/Employer

_____
City State

_____
Date