



Recommendation for Admission

Graduate Nursing Programs

Applicant

INSTRUCTIONS: You must provide all information requested in this top section. This information will be used to ensure that this recommendation will be matched to your application file. The completed recommendation and any attached information (if applicable) must be sent to the Office of Graduate Programs. Provide your recommender with an envelope addressed to: **University of Michigan-Flint, Office of Graduate Programs, 251 Thompson Library, Flint, MI 48502-1950.**

Name of Applicant _____	Name of Recommender _____
Birthdate _____	Title _____
Telephone _____	Institution/Company _____
E-mail _____	Business Address _____
Program of Study _____	_____
	Business Telephone _____
	E-mail _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.

I hereby (check one) **waive** OR **do not waive** my right of access to the information recorded below.

Signature of applicant _____ **Date** _____

Recommender

INSTRUCTIONS: Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless he/she has waived such access.

In addition to responding to the items below, please comment specifically on the applicant's strengths and limitations for graduate study. Please use the back side of this form for your comments or attach a letter. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful. Several paragraphs will be more useful to the admission committee than one or two sentences. If you do not wish to use this form, please include the full name of the student as it appears above to ensure that your recommendation will be added to the correct applicant file. Will you attach a letter? Yes No

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

2. Please indicate the strength of your overall recommendation by choosing one of the ratings below.

- Highly recommended
- Recommended
- Recommended with some reservations – *Please explain the reservations you have about this candidate:*

- Not recommended – *Please explain why you cannot recommend this candidate:*

Name (please print) _____

Signature _____ **Date** _____