

Southeastern Recommendation Form

**Southeastern Louisiana University
College of Nursing and Health Sciences
Graduate Nursing Program**

STATEMENT OF RECOMMENDATION

To the Applicant: This form should be completed by at least one current or previous program faculty who can evaluate your potential for graduate study and one current or previous clinical supervisor who can evaluate your current clinical competency. *Type or print the top section yourself. Please sign before giving to the person writing the reference.*

Name:

Seeking Admission for: MSN DNP PMC

Should you be admitted to the University, you would have the right, as a student, to review your permanent record including this recommendation form on file with the University. Some persons prefer not to complete recommendation forms, however, unless they can be assured of the confidentiality of their comments. In any event, your application for admission will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right to future review.

- I do waive my right to subsequent access to this recommendation form.
- I do not waive my right to subsequent access to this recommendation form.

Applicant Signature **Date:**

Person providing the reference:

Name/Title:

Institution//Organization:

Address: Telephone:

Relationship to Student:

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Please numerically indicate the value that most approximately rates this individual's performance

	4=Excellent	3= Above Average	2= Average	1= Below Average	Not able to evaluate
Academic Ability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Written Communication	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Verbal Communication	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Knowledge of Specialty area	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motivation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emotional stability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ability to work independently	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ability to work in a group	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leadership skills	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Initiative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professionalism	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Responsiveness to Feedback	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Research Potential	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ability to Problem Solve	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please use the rest of this form to share your evaluation of the applicant's suitability to pursue graduate or doctoral level study. Attach an additional page if necessary.

1. How well do you know the applicant? How long and in what capacity?

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2. Give your opinion of the applicant's ability to do graduate work.

3. Give your opinion of the applicant's expertise in his/her field.

4. Please add any additional comments:

	Doctor of Nursing Practice (DNP) Program	Master's Program	Post Master's Certificate
I would strongly recommend for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend with reservations for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would not recommend for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referee's Signature:

Date:

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After completing the student portion of the form, you will need to provide it to two references, who will submit it on your behalf via the following:

Email:

From an institutional or corporate email address, your references can email the form to:
gradadmissions@southeastern.edu

OR

Mail:

Your references may mail the form in a sealed envelope with their signature over the seal of the envelope to:

**Attn: Grad Admissions
North Campus Main Building
SLU Box 10752
Hammond, LA 70402**