RECOMMENDATION
Master of Science in Nursing Program

This section to be completed by applicant:

____________________________________________________________
First name                     Middle name              Maiden name (if applicable)     Last name

Public Law 93-380 permits the student to inspect this recommendation if the following waiver is not
signed. I voluntarily waive my right of access to this recommendation under Public Law 93-380 so that it
may be kept confidential.

____________________________________________________________
Applicant’s Signature                                                                                         Date

Reference respondent must be a practicing RN or applicant’s supervisor or previous supervisor (within
last 3 years). This section to be completed by reference respondent and mailed directly to:
Millikin School of Nursing, MSN Program, 1184 W. Main St., Decatur, IL 62522

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

____________________________________________________________________________
____________________________________________________________________________
Please evaluate the applicant in each of the categories below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Outstanding Upper 10%</th>
<th>Excellent Upper 15%</th>
<th>Very Good Upper 25%</th>
<th>Good Upper 50%</th>
<th>Below avg. Lower 50%</th>
<th>Do not know</th>
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</thead>
<tbody>
<tr>
<td>Nursing performance</td>
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<td>Emotional stability and maturity</td>
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<td>Motivation</td>
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<td>Ability to work with others</td>
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<td>Written communication skills</td>
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<td>Verbal communication skills</td>
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<td>Leadership skills</td>
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<td>Integrity</td>
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</table>

Please use the reverse side or a separate letter to discuss the applicant’s strengths, areas requiring further
development and the potential for success as a graduate student.

______________________________________________  _________________________
Name of respondent (Please print)                                                                       Title/Position

____________________________________________________________________________
Address

__________________________________  ____   _________________________________
Signature                                                                                                               Date