



Helene Fuld College of Nursing

Letter of Recommendation Form

Office of Admissions
24 East 120th Street, Room 320
New York, NY 10035

Name of Applicant (Print Clearly) _____

Name of Reference (Print Clearly) _____

_____ I am this applicant's employer/supervisor. This applicant has worked under my supervision from _____ to _____

TO THE APPLICANT: Fill in the information above. For the convenience of your reference, please include a **SELF-ADDRESSED STAMPED ENVELOPE** with this form. Your reference should return their Letter of Recommendation to you to include in your application packet.

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, P.L. 93 – 390 (as amended), with specific reference to Section 438 (a)(1)(B) and Subtitle A, sections 99.7, 99.11, and 99.12,

I do _____ I do not _____ waive my right of access to and review of this form.

Signature of Applicant

Date

TO THE REFERENCE: The applicant named above is applying for admission to Helene Fuld College of Nursing. We are interested in obtaining information that will aid us in selecting capable students. It is important that students who are selected be able to complete their academic work successfully, and also possess the personal qualifications essential to become competent professionals. **PLEASE COMPLETE BOTH THE FRONT AND BACK OF THIS FORM.**

The applicant has selected you as someone who can give us such an appraisal. We would appreciate your candid evaluation of the applicant's qualifications for acceptance to the program. The pending application will be considered incomplete until your response is received.

I. Personal and Professional Appraisal: (Please evaluate the applicant's Qualifications/Characteristics by checking the appropriate spaces below.)

Qualifications/Characteristics	Superior	Above Average	Average	Below Average	No Basis for Judgment
1. Intellectual ability					
2. Reliability					
3. Sense of responsibility					
4. Industry and perseverance					
5. Ability to work independently					
6. Ability to adapt to new situations					
7. Ability to work with people					
8. Ability to analyze problems and solve them effectively					
9. Oral communication					
10. Written communication					
11. Emotional stability					
12. Leadership potential					

TO THE REFERENCE: In addition, please complete the following information.

II. **Acquaintance with Applicant:** How long and in what capacity have you known this applicant?

III. **Comments:** In the space below (use an extra sheet if needed), please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a student and health care professional.

IV. **Recommendation for Acceptance:**

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

PLEASE TYPE OR PRINT

Your Name: _____ Professional Credentials: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date: _____ Signature: _____

Please Note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response.