



I. APPLICANT

Last First Middle

Applicant's Waiver

Under the Family Educational Rights and Privacy Act (FERPA) you have the right, if you enroll in the Notre Dame of Maryland University Nursing Department, to review your recommendation. The act further provides that you may waive your right to see your recommendation. Please indicate your choice and sign your name whether or not you wish to waive this right.

I waive I do not waive Signature: _____ Date: _____

II. RECOMMENDER

The Admissions Committee is interested in your assessment of the applicant. Use this form to address the questions below. Once complete, return your recommendation via email to gradadmin@ndm.edu. Or, you may return your recommendation in a sealed envelope with your signature across the black flap to the applicant or to Notre Dame of Maryland University, Nursing Department, 4701 N. Charles Street, Baltimore, MD 21210.

What is your relationship with the applicant?

How long have you known the applicant?

How would you describe the applicant's strengths?

How would you describe the applicant's weaknesses?

How well do you think the applicant has considered plans for this program?

What is the applicant's potential for creative scholarship and research?

Please rate the applicant using the following scales:

	Outstanding	Above Average	Average	Below Average	No opportunity to observe
Motivation for graduate study	<input type="checkbox"/>				
Leadership potential	<input type="checkbox"/>				
Resourcefulness	<input type="checkbox"/>				
Creativity	<input type="checkbox"/>				
Maturity	<input type="checkbox"/>				
Ability for independent work	<input type="checkbox"/>				
Ability to work with others	<input type="checkbox"/>				

Name _____ Title: _____

Employer: _____ Email address: _____

Address: _____

Phone Number: _____ Signature: _____ Date: _____