

Howard University
College of Nursing and Allied Health Sciences

Division of Nursing

Office of Graduate Program, 516 Bryant Street, Annex 1, Room 243, Washington, DC 20059

Letter of Recommendation Form

Telephone: 202.806.7460

Applicant Name: _____ **Email:** _____

The Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) allows you to access your educational records. You may waive your right of access to this specific form and the accompanying letter if you so choose. Your decision to waive or not to waive your right of access will have no bearing on the processing of your application.

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

Applicant's Signature: _____ **Date** _____

Recommender Information – To be completed by the Applicant:

NAME: _____

TITLE: _____

EMPLOYER: _____

EMAIL: _____

PHONE: _____

RELATIONSHIP TO APPLICANT: _____ From: _____ To: _____
(e.g.: Professor, Advisor, Supervisor, Volunteer Coordinator, etc.,) mm/ yyyy mm/yyyy

Type: Academic Letter ___ Professional Letter ___

For the Recommender:

Thank you for agreeing to write a letter of recommendation for the above applicant. We greatly appreciate the time and effort that you are taking to provide us with your honest assessment of this person's abilities to successfully complete the graduate program. **Please do the following:**

- Write a one- to two-page recommendation letter, print on letterhead, and sign it.
- Complete the Peer Comparison Table (next page).
- Enclose this form with table and your letter in a sealed envelope and sign your name over the flap.
- Return the sealed envelope to the applicant.

(over)

LETTER OF RECOMMENDATION GUIDELINES: To be completed by the Recommender:

The named person is applying for admission to the Howard University Graduate Program in Nursing. The curriculum offers the student an opportunity to augment and develop the theoretical aspects of practice, to increase nursing expertise in one specialty area, and to gain basic skills for research in nursing. Please write an assessment of the applicant that reflects his/her professional achievements and potential. Please include these attributes when possible.

- | | |
|---|--|
| Unique qualities | Interpersonal skills |
| Behaviors characteristics | Potential for achievement |
| Strengths and weaknesses | Interactions with patients (if applicable) |
| Ability to make clinical judgment (if applicable) | Maturity |

PEER COMPARISON TABLE: To be completed by the Recommender:

Please rate how the applicant compares to his/ her peers in each area.

- | | | |
|---------------------|---------------------|--------------------|
| (5) = Exceptional | (3) = Average | (1) = Poor |
| (4) = Above Average | (2) = Below Average | (0) = No basis for |

	5	4	3	2	1	0
Intellectual Capacity						
Analytical Skills						
Research Ability						
Creativity						
Initiative						
Teamwork						
Maturity						
Demonstrated Leadership						
Managerial Potential						
Ethics and Integrity						
Written Expression (English)						
Oral Expression (English)						

Signature: _____

Date: _____

The mission of Howard University includes the provision of quality education for any student, but with emphasis upon the provision of educational opportunities for those students who may not otherwise have an opportunity to acquire an education of the type provided at Howard. In fulfilling its mission, the University does not discriminate on the basis of race, color, national or ethnic origin, sex, marital status, religion, disability, age, sexual preference, political affiliation in the administration of its education policies, admissions policies, scholarships, and loan programs, and employment.