

SCHOOL OF NURSING

## SCHOOL OF NURSING GRADUATE APPLICANT'S LETTER OF REFERENCE FORM

NT		O.1 () 1	
Name	ame Other name(s) used on transcripts		on transcripts
Address _			
	Street	City	State ZIP
Telephone	e Number		
Please in	dicate the program of study you are	applying for:	
	d Ph.D. Programs		's Certificate Programs
□ M.S.	Nursing Administration	□ CAGS	Nursing Administration
□ M.S. □ M.S.	Adult Health Nurse Practitioner Nursing Education	□ CAGS □ CAGS	Nursing Education  Adult Health Nurse Practitioner
□ M.3. □ Ph.D.	Nursing Education Nursing	□ CAGS	Adult Health Nurse Practitioner
□ M.P.H.	Public Health		
I HEREE	BY WAIVE MY RIGHT OF ACCESS	TO INFORMATION	RECORDED ON THIS FORM AND ANY
	MENTARY SHEETS ATTACHED TO		
Signature		Date	
Part B.	Narrative—To Be Completed By Re	commender (Attach a	typewritten narrative to this form)
			_
Signature			Date
0181141414			_ Title
C			
Employer			
Employer Address _			

As the writer of this narrative, you are required to give a frank assessment of the applicant. The Committee on Admissions seeks your opinion regarding the applicant's character and personality and your judgment regarding the candidate's **ability to master advanced study** in his/her chosen field. Please respond to the following where applicable:

- Length and nature of your relationship with the applicant
- Information not likely to be available from other sources
- Applicant's unique abilities, strengths, and limitations
- Special personal qualities, capacities, and interests that distinguish this applicant from others

## Do not return this form to the applicant.

Please return this form and your typewritten narrative directly to:

Adelphi University
Office of University Graduate Admissions
One South Avenue
P.O. Box 701
Garden City, NY 11530-0701

Adelphi University is committed to extending equal educational opportunity to all who qualify academically.