

**UCI Program in Nursing Science
Instructions for the Recommendation**

Applicant:

Recommendation:

Please provide the name of the person from whom you plan to seek a recommendation in the space below. Note that recommenders can be teacher's advisers, employers, professors, supervisors, etc., but should not be personal friends or family members. You are allowed two recommendation letters only. Recommendations must be done on the attached form.

Name of Recommender	Institution/Work Location	Title	Phone Number	Email

Certification

Applicant: By signing this application in the space provided below, I certify the validity of this application in its entirety. I authorize the Program in Nursing Science to contact prior institutions and recommendations in the process of considering my candidacy for the program.

Applicant Signature

Date

MAX OF 2 LETTERS

**UCI PROGRAM IN NURSING SCIENCE
RECOMMENDATION FORM**

REQUEST FOR PROFESSIONAL REFERENCE FOR: _____
NAME OF STUDENT/APPLICANT

APPLICANT: Write your name on the above line and deliver this form to the person who will write this recommendation. Ask that the recommender mail this completed form to you in a SEALED envelope with their signature on the back across the flap. Submit the completed recommendation forms in their sealed envelope with the Nursing Science Supplemental application. Appropriate sources include, teachers, counselor, or a professional who has/had a supervisory or educational relationship to you. PLEASE USE THIS FORM ONLY.

Under the Family Educational Rights and Privacy Act of 1974, you may choose to review this recommendation upon enrollment into UC Irvine, College of Health Sciences, Program in Nursing Science. You may opt to waive your right to review the recommendation.

- I waive my right to review I do NOT waive my right to review

NOTE TO RECOMMENDER:

The person's whose name appears above is applying for admission to the UCI Program in Nursing Science. We would appreciate your candid appraisal of this applicant by completing this form. You may attach a letter to this form if you need additional space. Once you have completed this form, please place it in an envelope, sign your name on the sealed flap and return it to the applicant. Thank you for your assistance.

1. Under what circumstances and for how long have you known the applicant?

2. What do you consider to be the applicant's most outstanding talents or characteristics?

3. What do you consider to be the applicant's strengths and weaknesses?

On the chart below, indicate how you would rate this applicant:

	Outstanding (top 5%)	Excellent (top 15%)	Good (top third)	Average (middle third)	Poor (bottom third)	Do Not Know
Intellectual Ability						
Ability to express ideas clearly						
Writing Ability						
Leadership Skills						
Creativity						
Flexibility						
Ability to Organize Work						
Accountability for own behavior						
Maturity						
Integrity						
Initiative						
Motivation						
Professional behavior						

