

**University of Connecticut School of Nursing**  
**Certificate Entry into Nursing – Bachelors of Science Program**  
**Recommendation Form and Waiver**

**To Be Completed by the Applicant:** Please fill in the waiver, if desired, and give a copy of this recommendation form/waiver to each recommender.

Name of applicant: \_\_\_\_\_

The Family Education Rights and Privacy Act (FERPA) of 1974 (P.L. 93-380) gives students access to information in their application files if matriculated. However, to ensure that references will be free to write a candid letter of Recommendation, an applicant may waive the right to see letters of Recommendation.

Waiver by applicant: I hereby waive my right to inspect any letters of recommendation written to the

University of Connecticut School of Nursing on my behalf by \_\_\_\_\_  
Name of Recommender

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Recommender:** Please complete the rest of this form and the letter of recommendation, put both in an envelope, seal the envelope, sign your name across the seal, and return the forms in the envelope to the applicant. This will facilitate our application process. If you prefer to send them directly to the School of Nursing, please send them to UConn School of Nursing, Admissions and Enrollment Services, 231 Glenbrook Road - Unit 4026, Storrs, CT, 06269-4026.

In conformity with the Family Educational Rights and Privacy Act of 1974, we cannot regard letters of recommendation as confidential unless students waive their right to inspect such letters. If you wish the School to keep this information confidential, please have the applicant sign the above waiver. It is entirely the applicant's choice whether or not to waive his or her right to have access to recommendations provided on behalf of the applicant.

The Admissions Committee welcomes a frank appraisal of the applicant's character, abilities and suitability for this intensive program. It would be helpful if the recommendation addresses the applicant's background, independence, perseverance, potential for academic success, ability to balance, flexibility, potential as a nurse, and/or ability to successfully work independently and in groups.

Letters should be on letterhead and include the recommender's complete contact information (mailing address, telephone, and e-mail). Thank you for your time.

Recommender's name: \_\_\_\_\_

Position: \_\_\_\_\_

Are you related to the applicant? \_\_\_ Yes \_\_\_ No

How long have you known the applicant? \_\_\_\_\_

Summary of recommendation: I \_\_\_ highly recommend \_\_\_ recommend  
\_\_\_ recommend with reservation \_\_\_ cannot recommend this applicant

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*