

# GRADUATE ACADEMIC RECOMMENDATION FORM

Holy Names University | 3500 Mountain Blvd., Oakland, CA 94619 | 800.430.1321 | www.hnu.edu

## TO BE COMPLETED BY APPLICANT

FULL NAME

Last

First

Middle

Home phone number (        ) \_\_\_\_\_ Email address \_\_\_\_\_

Program applying for \_\_\_\_\_

*Privacy Notice:* The Family Education Rights and Privacy Act (FERPA) allows you to have access to your evaluation after you matriculate unless one of the following occurs:

1. The college or university does not save evaluations after matriculation
2. You waive your access rights below

Yes, I DO waive my rights to access this evaluation

No, I DO NOT waive my rights to access this evaluation

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## TO BE COMPLETED BY THE RECOMMENDER

The person named above is an applicant for admissions to a graduate program at Holy Names University. To evaluate the applicant, please answer the following questions. We appreciate your insights and participation in the process.

How long and in what capacity have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_

How well do you feel you know the applicant?                  Very well                  Fairly well                  Slightly

What are the applicant's strengths and weaknesses? Provide examples if possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you evaluate the applicant's probable academic ability with respect to a graduate level program?

In top 10%

Upper 25%

Upper 50%

Upper 75%

Lower 25%

Comments \_\_\_\_\_

How would you evaluate the personal characteristics of this applicant as they relate to his/her ability and effectiveness in functioning as 1) an advanced practice nurse or 2) a counselor following completion of the master's degree program? (If applicable)

In top 10%

Upper 25%

Upper 50%

Upper 75%

Lower 25%

Comments \_\_\_\_\_

PLEASE RATE THE APPLICANT USING THE CHART BELOW.

	Excellent	Above Average	Average	Below Average	Unknown
Self-awareness/insight					
Concern and care for others					
Intellectual ability					
Emotional stability and maturity					
Motivation and initiative					
Creativity/originality					
Independence/resourcefulness					
Responsibility					
Clinical skills/carefulness in work					
Professional commitment					
Ability to work with colleagues					
Leadership ability and skills					
Flexibility and openness to change					
Ability to work with diverse clients					
Social awareness and concern					
Sensitivity to diversity issues					
Ability to hear and utilize feedback					
Oral communication ability					
Written communication ability					

We are grateful to you for the time and care you have taken in completing the evaluation. If you wish to provide additional information and feedback, please attach an additional statement.

**Email all materials to:** [admissions@hnu.edu](mailto:admissions@hnu.edu)

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Institution or Affiliation \_\_\_\_\_

Business Address \_\_\_\_\_

Daytime Phone (        ) \_\_\_\_\_

I certify that all information submitted in this form is my own work, factually true, and honestly presented. Please note all recommendations are subject to verification of authenticity without notice. Any attempt to fraudulently complete the recommendation will impact the candidate's potential recommendation.

_____ SIGNATURE OF RECOMMENDER	_____ DATE
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