

Name of Applicant:

Your thoughtfulness and care in furnishing this information for the applicant is greatly appreciated.

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

Please rate the applicant in comparison with others you have known in his/her position:	Superior	Above Average	Average	Below Average	No basis for judgement
Maturity in Decision Making					
Honesty					
Sense of Responsibility					
Dependability					

Please elaborate on any of the above areas in the space provided below.

Signature _____ Printed name _____
Relationship to Applicant _____
Address _____ City _____ State _____ ZIP Code _____
Phone number _____ Date _____

Name of Applicant:

The applicant must complete and sign the following statement before submitting this form to the reference writer. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

Return this form to:

Nursing Program Coordinator
Rochester College
800 W. Avon Rd.
Rochester Hills, MI 48307

- I waive my right of access to this letter of recommendation (student will not be able to view recommendation if this box is checked).
- I do not waive my right of access to this letter of recommendation.

Signature of Applicant _____ Date _____

