



MSN – Clinical Nurse Leader Recommendation Form

(Three recommendations required to complete application)

Confidential Rights Waiver: I am aware of my rights under the Family Educational Rights and Privacy Act of 1974 to have access to letters of recommendation written on my behalf. I also understand that letters submitted in confidence may carry greater weight.

Please Check One:

- It is my desire that this letter be written in confidence, and I, therefore, wish to waive my rights of access to this letter.
- I wish to retain my right of access.

Applicant's Name: _____ Signature _____ Date _____

The prospective student named above has applied to the Master of Science in Nursing, Clinical Nurse Leader Program at Spring Hill College. You have been identified as a previous or current employer or faculty member familiar with the candidate's professional experience. Please respond to the questions below and add any additional comments regarding the prospective student's potential success in the graduate program.

1. How long and in what capacity have you known the applicant?
2. Please describe the applicant's clinical and academic strengths.
3. Please describe the applicant's clinical and academic weaknesses.
4. In your opinion, does the applicant have the capacity for graduate study in pursuit of a MSN – CNL degree?

Print Name

Title

Signature

Institution

Address

Phone

Please return to:
Office of Admissions • Graduate Studies
4000 Dauphin Street, Mobile, AL 36608 • phone 251.380.3030 • fax 251.460.2186 • www.shc.edu