APPLICANT: Fill in your name and sign the waiver of access before giving this form to the person recommending you.

FMU GRADUATE NURSING PROGRAM LNB OFFICE 144A PO BOX 100547 FLORENCE, SC 29502-0547

LETTER OF RECOMMENDATION

You have been listed as a reference for,					
who is	s applying for the	gradua	te program.	We	would
apprec	ciate you filling out this form at your earliest convenience	e, since we cannot review the applic	ant's record	witho	ut it.
	TO THE STUDENT: If you will allow this to be a conf of access below. WAIVER OF ACCESS: I, the undersigned, waive the	·		iver	
	Signature	Date			
1. Ho	w well do you know the applicant? How long and in wh	at capacity?			
	ve your opinion of the applicant's qualification (i.e., intel his or her field. Attach an additional sheet if necessary.	lectual ability, motivation, work habi	ts) to do grad	duate	work
3. Ad	ditional remarks.				
Signati	ure	Date			
Print Name		Title			
Addres	SS				

Francis Marion University offers equal opportunity in its employment, admissions, and educational activities, in

compliance with federally mandated civil rights legislation and corresponding State of South Carolina legislation.