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 applying for the _____ graduate program. We would appreciate you filling out this form at your earliest convenience, since we cannot review the applicant's record without it.

TO THE STUDENT: If you will allow this to be a confidential letter of reference, you must sign the waiver of access below.
WAIVER OF ACCESS: I, the undersigned, waive the right of personal access to this reference.

Signature _____ Date _____

1. How well do you know the applicant? How long and in what capacity?

2. Give your opinion of the applicant's qualification (i.e., intellectual ability, motivation, work habits) to do graduate work in his or her field. Attach an additional sheet if necessary.

3. Additional remarks.

Signature _____ Date _____

Print Name _____ Title _____

Address _____

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.