



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
 School of Nursing™

LETTER OF RECOMMENDATION FORM

Instructions:

Three references are required and are to be completed on the “Letter of Recommendation Form.” **Select three of the four choices:**

1. Your most recent employment supervisor
2. A nursing peer in your most recent employment setting
3. An interdisciplinary peer in your most recent employment setting
4. Former faculty member

A letter may be written in lieu of or in addition to this recommendation form.

Section I: *(to be completed by the applicant)*

 Applicant Name

 Intended Program

 Social Security Number

In accordance with the Family Education Rights and Privacy Act 1974 (Buckley Amendment), materials in students files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review the recommendation is considered waived if you do not respond.

I hereby: waive my right to access retain my right to access _____
 Applicant’s Signature

Section II: *(to be completed by the individual writing this recommendation)*

Knowledge of the Applicant

Approximately how long have you known the applicant? _____ Years _____ Months

How well do you feel you know the applicant? Casually Well Extremely Well

Indicate the type of contact(s) you have had with the applicant:

Faculty Employer Supervisor
 Professional Colleague Friend Other (please specify) _____

