



UVA New Graduate Programs Letter of Recommendation

Please print your name on the line marked "Name of Applicant:" and deliver or mail to the person who will write this recommendation. Ask that the recommendation be mailed directly to Linda Peffley-Firer, P.O. Box 800567, Charlottesville, VA 22908-0473. Fax: 434-924-9117.

Federal Regulations:

In accordance with federal law, the law of the Commonwealth of Virginia, and the policies of the Rector and Visitors of the University of Virginia, the University does not discriminate in any of its programs, procedures or practices against any person on the basis of age, color, disability, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, or veteran status. The University operates equal opportunity and affirmative action programs for faculty, staff and students including discriminatory harassment policies and procedures. The University is an Equal Opportunity/Affirmative Action Employer.

Part I

To be completed by applicant

Name of Applicant (Print):

Complete A or B below:

- A. I authorize the release of a candid evaluation to assist in the selection process. Should I agree, I understand that the material will be kept confidential both from me and the public. I waive my rights or access that I might have by law. I further understand that the University of Virginia Health System does not require me to execute this waiver and is willing to review my application without such a waiver.

Date _____

Signature _____

- B. I authorize the release of a candid evaluation but I choose not to waive my right to examine this letter of recommendation should I accept a position at the University of Virginia Health System.

Date _____

Signature _____

Part II
To be completed by reference

The person identified in Part I has applied for a new graduate program at the University of Virginia Health System. Your candid and detailed assessment of the applicant will assist the Interview Panel in its decision. Please describe the extent of your acquaintance with the applicant and his/her aptitude for success in one of the programs. NO ACTION CAN BE TAKEN ON THIS APPLICATION UNTIL THIS FORM IS RETURNED

1. How long and in what capacity have you know the candidate?

2. What do you consider to be the applicant's outstanding talents or strengths? (Please give specific examples).

3. What do you consider to be the applicant's major liabilities or weaknesses?

4. Please describe any situation or incidents that illustrate the applicant's integrity, maturity, purposefulness, initiative, motivation, or other qualities related to academic, leadership and professional ability.

5. How well do you think the applicant has thought out his/her plans for their nursing career?

6. In your opinion, is the applicant's record an accurate reflection of their ability to practice as a nurse?

7. Please rate this applicant in the following areas:

Areas of Assessment	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Academic						
Professional						
Ability to work under stress						
Leadership						
Creativity						
Risk Taking						
Consistency						
Flexibility						
Ability to Organize						
Commitment to profession						
Personal						
Emotional Stability						
Maturity						
Integrity						
Initiative						
Perseverance						
Purposefulness						
Motivation						
Ability to work well with: staff, team members, interdisciplinary.						
Ability to work well with: clients/ family members						
	Strongly Recommend	Recommend	Recommend with Reservations	Not Recommended		
Recommendation for Hire						

8. Are there other data that you believe we should know about the applicant?

Signature:

Date:

Name Printed or Typed:

Degree Credentials:

Institution:

Title:

Address:
