

**Admissions Reference Form**  
**Master of Science in Nursing**  
**Georgia Baptist College of Nursing of Mercer University**  
**Office of Admissions**

3001 Mercer University Drive • Atlanta, GA 30341  
(678) 547-6700 • FAX (678) 547-6794

**Section 1:** To be completed by the applicant.

Applicant Name \_\_\_\_\_  
Last First Middle

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), you may decide whether letters of reference written at your request are to be held confidential, or whether they are to be available for your personal inspection. Check one of the following statements and sign below.

\_\_\_\_ I waive my right of access to this letter of recommendation as provided by the Family Educational Rights Act of 1974 (Public Law 93-380), or any other law, regulation, or policy.

\_\_\_\_ I do not agree to the waiver above

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 2:** To be completed by the person making a recommendation. Please return this reference signed and sealed to the address above.

The above named applicant is applying to Georgia Baptist College of Nursing's Master of Science of Nursing Program (MSN). Please complete the following questions. This information will be used in the admissions process. Your help is greatly appreciated.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Please print

Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

How long have you known the applicant? \_\_\_\_years \_\_\_\_months

In what capacity do you know the applicant? \_\_\_\_\_

Please rate the applicant on the areas listed below. Please provide any additional comments in the space provided.

**This applicant possesses strong communication skills (written and oral expression).**

strongly agree      agree      disagree      strongly disagree      unable to rate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This applicant works effectively with others.**

strongly agree      agree      disagree      strongly disagree      unable to rate

**This applicant possesses leadership abilities.**

strongly agree      agree      disagree      strongly disagree      unable to rate

**This applicant is knowledgeable in his or her field of nursing.**

strongly agree      agree      disagree      strongly disagree      unable to rate

**This applicant is highly motivated.**

strongly agree      agree      disagree      strongly disagree      unable to rate

**Please indicate your overall recommendation.**

highly recommend      recommend      recommend with reservation      do not recommend

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return in a signed and sealed envelope to:  
Georgia Baptist College of Nursing of Mercer University  
Office of Admissions  
3001 Mercer University Drive  
Atlanta, GA 30341  
(678) 547-6700  
nursing.mercer.edu  
e-mail: nursing@mercer.edu

Thank you for taking the time to complete this recommendation.