

## COLLEGE OF HEALTH RELATED PROFESSIONS

SUNY Health Science Center at Brooklyn • 450 Clarkson Avenue, Box 60, Brooklyn, NY 11203-2098



### GRADUATE PROGRAM - LETTER OF RECOMMENDATION • pg 1 of 2

#### Section 1 (TO BE COMPLETED BY APPLICANT)

For the class entering YEAR \_\_\_\_\_

ADVANCED CERTIFICATE IN MIDWIFERY: [ ]    MASTER OF SCIENCE IN MIDWIFERY: [ ]

MASTER OF SCIENCE IN NURSING — NURSE MIDWIFERY [ ]

PLEASE TYPE OR PRINT LEGIBLY — Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Last Name:

\_\_\_\_\_  
First Name:

\_\_\_\_\_  
Middle:

\_\_\_\_\_  
Mailing Address: Street:

\_\_\_\_\_  
Apt. Number:

\_\_\_\_\_  
City:

\_\_\_\_\_  
State:

\_\_\_\_\_  
Zip Code:

\_\_\_\_\_  
Country (if not USA):

In accordance with the provisions of the Family Education Rights to Privacy Act of 1974, [ ] I DO [ ] I DO NOT waive my right of access to review this letter of reference. (NOTE: If you check I DO, the recommendation will remain confidential; if you check I DO NOT, you may review the recommendation after you are a matriculated student at SUNY HSCB.)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

#### Section 2 (TO BE COMPLETED BY RECOMMENDER AND RETURNED TO ADDRESS LISTED ABOVE)

It is important that students whom we select are able to successfully meet the academic challenges of the program and also possess the personal qualifications essential to competent professional performance in their chosen health field. The applicant has selected you as someone who can provide us with such an appraisal. Therefore, we would appreciate your candid evaluation of the applicant's qualifications. The pending application will be considered incomplete until your response is received.

How long and in what capacity have you known the applicant?

Does the scholastic record of the applicant reflect his/her abilities? (Explain)

What are the applicant's strengths and weaknesses? If possible, please provide specific instances.

