



Recommendation Form

Three recommendations are required. Traditional BSN, Accelerated Second Degree BSN and RN to BSN applicants may submit academic and also professional recommendations.

Instructions to applicant: Please complete the information below and then give a form to each individual who will complete the recommendation on your behalf. Provide your recommenders with postage and envelopes addressed to: Coppin State University, College of Health Professions, Office of Student Affairs and Retention (STAR), 2500 W. North Avenue, Baltimore, MD 21216.

Last Name First Name MI Street Address City State Country Zip or Postal Code

Semester to begin attendance Plan of Study applying for admission

Public Law 93-380, Education Amendments Act of 1974, grants students the right to have access to letters of recommendation in their placement files. I wish to have access: Yes No

Signature Date

Coppin State University Student I.D. #

Instructions to recommender: We appreciate your assessment of the applicant's scholarship, character, and professional promise. Please emphasize characteristics and accomplishments that suggest the applicant will be successful in the nursing program. Your statements may be continued on the reverse side, or you may use your own letterhead stationery. Please complete the chart below.

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

Statement:

Table with 7 columns: Analytical ability, Verbal expression skills, Written expression skills, Breadth of knowledge, Leadership, Academic Promise, Overall potential. Columns are rated from Unable to Assess to Outstanding.

Print Name and Title Institutional Affiliation

Address

Signature

Date E-mail