## **MSN Letter of Recommendation**

| Applicant's Name:   | Арр          | licant's Da | ate of Birth |                  |                         |  |
|---|--------------|-------------|--------------|------------------|-------------------------|--|
| How long have you known the applican  | t?           |             |              |                  |                         |  |
| Relationship to the Applicant:Fac   | ltyEmployer  |             | _Colleague   | Other:           |                         |  |
| Please rate the applicant on the  |              |             |              |                  |                         |  |
|   | Superior     | Good        | Average      | Below<br>Average | Unknown or not observed |  |
| Intellectual Capacity   |              |             |              |                  |                         |  |
| Interpersonal Communication   |              |             |              |                  |                         |  |
| Collaboration and Cooperation as a<br>Team Member                                   |              |             |              |                  |                         |  |
| Adaptability and Flexibility  |              |             |              |                  |                         |  |
| Originality, Creativity   |              |             |              |                  |                         |  |
| Ability to Problem Solve and Make Decisions   |              |             |              |                  |                         |  |
| Independence and Self-Direction   |              |             |              |                  |                         |  |
| Potential for Conducting Research   |              |             |              |                  |                         |  |
| Critical Thinking and<br>Analytical/Conceptual Ability                              |              |             |              |                  |                         |  |
| Leadership Abilities  |              |             |              |                  |                         |  |
| Reliability (Dependability)   |              |             |              |                  |                         |  |
| Accountability and Work Ethic   |              |             |              |                  |                         |  |
| Professionalism   |              |             |              |                  |                         |  |
| Integrity   |              |             |              |                  |                         |  |
| Describe the applicant's greatest strengt dentify any potential barriers that may p |              |             |              |                  | ate school.             |  |
|   |              |             |              |                  |                         |  |
| Recommend without Reservation   | Recommend, b | ut with co  | oncerns      | Do not Recon     | nmend                   |  |
| Name:   | Signature:   |             |              |                  |                         |  |
| e/Position: Date:   |              |             |              |                  |                         |  |
| Address:  |              |             |              |                  |                         |  |
| Phone:  | Email:       | ·           |              |                  |                         |  |

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Email: Grad\_School@nsula.edu or Fax: 318-357-5019