The application process into the UMass Amherst College of Nursing for the RN to BS Track in Nursing Program and the Second Bachelor track in Nursing requires the submission of two professional references. The following recommendation forms must be used.

The recommendations should be from individuals who are well acquainted with your work experience, academic preparation, and performance, and who are able to judge your qualifications for professional nursing. Professors, employers, and other professionals are appropriate persons to complete the recommendations. Relatives, neighbors, personal friends, or those known in a social capacity will not be accepted as references.

The recommendations may be submitted along with your application form in unopened and sealed envelopes with a signature along the back part of the envelope. They may also be sent directly from the recommender to the Continuing and Professional Education (CPE) Admissions Office:

Continuing and Professional Education Admissions Office  
615 Goodell Bldg.  
University of Massachusetts Amherst  
140 Hicks Way  
Amherst, MA 01003-9272  
(413) 545-3440
The above student is applying to the Nursing Program at the University of Massachusetts Amherst and has selected you as a reference. Please complete the attached recommendation form to evaluate this applicant. Please DO NOT complete this form if the above named candidate has failed to designate a confidentiality option above or has failed to sign the confidentiality option above.

You may be requested to complete this form with your recommendations. It may be made available to the applicant. It may also be mailed directly to the Continuing and Professional Education Admissions office at the above address.

PROSPECTIVE NURSING STUDENT
RECOMMENDATION/REFERENCE FORM

APPLICANT: ________________________________________________________________

APPLICANT INSTRUCTIONS

This form is to be given to the person recommending you. Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their record, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to review these records or to decline to do so. Please mark the appropriate statement below, indicating your choice of option, and sign your name. Please check only one option.

___I elect to keep this recommendation confidential. I waive all rights of access to this recommendation, whether visual, oral, or written, as provided in the Family Educational Rights and Privacy Act of 1974 and its amendments. I understand that this recommendation will not be available for my inspection now or in the future.

OR

___I elect to keep the recommendation non-confidential, and the recommendation may be shown to me at my request.

Applicant Signature: ___________________________ Date: ________________

RECOMMENDER INSTRUCTIONS

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The completed recommendation form may be submitted with the application in an unopened and sealed envelope with your signature across the back part of the envelope. It may also be mailed directly to the Continuing and Professional Education Admissions office at the above address.
UNIVERSITY OF MASSACHUSETTS AMHERST  
College of Nursing  
PROSPECTIVE NURSING STUDENT RECOMMENDATION/REFERENCE FORM

APPLICANT’S NAME: ____________________________

TO BE COMPLETED BY RECOMMENDER

NAME: ____________________________

ADDRESS: ___________________________________________________ APT. # _____

CITY: ____________________________ STATE: _______ ZIP:________

OCCUPATION: ____________________________ YEARS OCCUPIED: ______

LENGTH OF RELATIONSHIP WITH THE APPLICANT: ________________

PLEASE DESCRIBE YOUR RELATIONSHIP TO THE APPLICANT: _______

PLEASE RATE THE APPLICANT ON THE FOLLOWING CHARACTERISTICS:

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<tr>
<th>Characteristic</th>
<th>Outstanding 5</th>
<th>Above Average 4</th>
<th>Average 3</th>
<th>Below Average 2</th>
<th>Poor 1</th>
<th>Unable to rate</th>
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Please describe any additional qualifications and traits you consider of special significance in judging the applicant’s abilities to succeed in this program.

If applicable, would you rehire this person or recommend this person for an accelerated program?  ________Yes  ________No

Please explain your answer.

HOW WOULD YOU RECOMMEND THIS APPLICANT TO US:

☐ STRONGLY RECOMMEND  ☐ RECOMMEND  ☐ NOT RECOMMEND

RECOMMENDER SIGNATURE: ___________________________ DATE: __________________

Please note: A prompt return of the recommendation will expedite the application review process. Please return the completed recommendation to:

Continuing and Professional Education Admissions Office
616 Goodell Bldg.
University of Massachusetts Amherst
140 Hicks Way
Amherst, MA 01003-9272

The family educational rights and privacy act of 1974 assures that students may access their educational records. Upon matriculation, students at the University of Massachusetts have the right to examine their records.
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PROSPECTIVE NURSING STUDENT
RECOMMENDATION/REFERENCE
FORM

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LAST           FIRST           MIDDLE

TO BE COMPLETED BY RECOMMENDER

NAME: ____________________________________________

LAST           FIRST           MIDDLE

ADDRESS: ____________________________________________ APT. # ______

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OCCUPATION: ____________________________ YEARS OCCUPIED: _______

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