The application process into the UMass Amherst School of Nursing for the RN to BS in Nursing track and the Second Bachelor’s in Nursing track 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  
University of Massachusetts Amherst  
100 Venture Way, Suite 206  
Hadley, MA 01035-9430  
(413) 545-3440
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

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. Your prompt response is appreciated.

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  
School of Nursing  
PROSPECTIVE NURSING STUDENT RECOMMENDATION/REFERENCE FORM  

APPLICANT'S NAME: _____________________________________________________________________________
LAST                FIRST                MIDDLE

TO BE COMPLETED BY RECOMMENDER

NAME: ___________________________________________________________________________________________
LAST                FIRST                MIDDLE

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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<thead>
<tr>
<th>Characteristic</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</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  
University of Massachusetts Amherst  
100 Venture Way, Suite 206  
Hadley, MA 01035-9430

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.
Continuing and Professional Education Admissions Office
University of Massachusetts Amherst
100 Venture Way, Suite 206
Hadley, MA 01035-9430

PROSPECTIVE NURSING STUDENT RECOMMENDATION/REFERENCE FORM

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NAME: ___________________________________________________________

ADDRESS: _________________________________________________________ APT. # _____

CITY: ________________________ STATE: _______ ZIP:________

OCCUPATION: ________________________ YEARS OCCUPIED: _______

LENGTH OF RELATIONSHIP WITH THE APPLICANT: ______________

PLEASE DESCRIBE YOUR RELATIONSHIP TO THE APPLICANT: ______

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<th>Below Average (2)</th>
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Please explain your answer.

HOW WOULD YOU RECOMMEND THIS APPLICANT TO US:

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