

UPMC Shadyside

School of Nursing

5230 Centre Avenue
Pittsburgh, PA 15232
412-623-2950
Fax: 412-623-4854

REQUEST FOR RECOMMENDATION

Public Law 93-380 grants applicants the right to have access to or the right to relinquish access to their recommendations.

Section I: To be completed by the applicant.

To ensure that your records are held in compliance with this law, please **check one**:

_____ I give up my right to read this recommendation.

_____ I do not give up my right to read this recommendation.

DO NOT USE FAMILY MEMBERS AS RECOMMENDATIONS.

I hereby request that _____
(print name of person completing recommendation)
complete this recommendation.

_____ Date _____
Applicant's Signature

_____ Address City State Zipcode

_____ Applicant's Printed Name

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Section II: To be completed by the person giving recommendation.

The above applicant is a candidate for admission to the UPMC Shadyside School of Nursing. Your comments will be used by the Admissions Committee to assist them in making an admission decision.

Thank you for your prompt return of this form.

1. How long have you known the applicant and in what capacity?
2. Please summarize the characteristics of the applicant that would lead to success in the nursing profession.
3. Please describe the applicant's strengths and weaknesses as they relate to success in a nursing program.

_____ I recommend

_____ I do not recommend

Signature

Date

Occupation

Telephone

Address

Please mail directly to:

**UPMC SHADYSIDE SCHOOL OF NURSING
Attention: Admission Office
5230 Centre Avenue
Pittsburgh, PA 15232**