

Recommendation Letter Form

SAKU University

I Applicant's Name

Last/Family _____ First _____

II The person authorized by the applicant to access information regarding his/her application status

1) Full Name Last/Family _____ First _____

2) Related status with the applicant _____

3) Contact Address _____

4) Telephone number _____ 5) Fax number _____

6) e-mail address _____

Please describe why you recommend the applicant for Master's Program in Nursing Science of SAKU UNIVERSITY.

Recommender's Certification

I certify that the information provided on this recommendation letter is true to the best of my knowledge and belief.

Signature _____

Date _____