

Letters of Recommendation will NOT be accepted if turned in by the applicant. This form MUST be submitted by the person recommending the applicant by email (as a PDF) or in a sealed envelope.



FIND THE FEARLESS YOU.

112 College Drive • Wells, ME 04090 • 207.216.4407 | ycccnursing@maineccc.edu

Instructions for the Nursing applicant:

1. Fill out your last name, first name, and middle initial (if applicable)
2. Sign your name and date on the signature line. Please note that electronic signatures are not acceptable.
3. Give this completed form to your letter writer

This form is to be filled out by the Nursing applicant. (Please print or type.)

Last Name	First Name	MI
Nursing	Associate of Science in Nursing (ASN)	
Department	Degree Sought	

OPTIONAL: (This waiver is not required as a condition for admission to or receipt of financial aid or any other services and benefits from the college.) All rights of access to this letter of recommendation conferred by the Family Educational Rights and Privacy Act of 1974 (20U.S.C. 1232g) as amended, or otherwise, are hereby voluntarily waived.

Applicant Signature*	Date
*Computer generated signatures not accepted	

Instructions for the letter writer:

Please attach a professional letter describing the applicant to include but not limited to:

- Estimate of the applicant's potential and motivation as a student and promise of professional success.
- Applicant's skills and qualifications including any strengths and weaknesses.
- Extent of your acquaintance with the applicant
- If applicable, rate their academic ability.

Please have the **letter writer** return this form and their letter of recommendation directly to:

ycccnursing@maineccc.edu (as a PDF, **not** a Word document)
OR by the United States Postal Service (USPS) to:

York County Community College
ATTN: Admissions Office- Jaclyn Lingyak
112 College Drive
Wells, Maine 04090