

**Letter 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 or in a sealed envelope.**



FIND THE FEARLESS YOU.

112 College Drive • Wells, ME 04090 • 207.216.4409 | [nursing@yccc.edu](mailto:nursing@yccc.edu)

## Letter of Recommendation

To Be Completed by Reference

This section is to be **filled in by applicant**. (Please print or type.)

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<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
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<b>Department</b>	<b>Degree Sought</b>
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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.

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<b>Signature*</b>	<b>Date</b>
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\*computer generated signature not accepted

### Instructions for recommendation letter:

**Please attach a personal 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 individual completing the recommendation letter return directly to:

***nursing@yccc.edu***

OR

**112 College Drive  
Attn: Admissions Office  
Wells, ME 04090  
207-216-4409**