

# School of Nursing Recommendation Form

## Section I (to be completed by applicant)

The following information must correspond exactly to the information submitted on your application. Indicate your decision regarding a waiver of the right of access to this recommend before giving it to the person who will submit. You should then give the form to your recommend with a self-addressed and stamped referral envelope. Have he or she place the completed recommendation into the envelope, seal it and sign across the seal. The envelope should be returned to you and you should return it with your application. **Do not return separately.**

### Name

Last	First	MI
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### Social Security number

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(leave blank if you do not have a U.S. Social Security number)

### Program for which you are applying

### Semester and year of entry

Semester	Year
<input type="checkbox"/> 1=Spring <input type="checkbox"/> 2=Summer <input type="checkbox"/> 3=Fall	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

### Name of recommender

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

I waive my rights to inspect the contents of this recommendation.     I do not waive my rights to inspect the contents of this recommendation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Section II (to be completed by recommender)

Virginia Commonwealth University will value your comments on the suitability of this applicant to do undergraduate work and will hold your comments in confidence of the applicant who has signed the above waiver.

How long, and in what capacities, have you known the applicant? \_\_\_\_\_

Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

	Superior	Good	Average	Poor	Unknown
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze a problem and format a solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence in applicant's general field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for graduate study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please use the space on the back of this form to elaborate on the applicant's qualifications.**

You can see from the preceding page that we are greatly interested in obtaining an accurate profile of the applicant's capability for undergraduate study. We realize that check-off items sometimes do not provide you the opportunity to characterize the applicant as fully as you would like. Please give any additional comments. We especially appreciate comments on the applicant's intellectual capability, motivation for seeking an undergraduate degree in nursing, and likely tenacity in following through with the opportunity for nursing education (e.g., perserverance, work habits, organization). In addition, since the applicant is applying to a professional curriculum, we are interested in your comments about the applicant's significant professional attitude and behavior.

**Your overall assessment of the applicant as to his or her ability to complete a baccalaureate degree:**

- Highly recommend
- Recommend without reservation

- Recommend with reservation
- Do not recommend

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Institution**

\_\_\_\_\_  
**Your position**

\_\_\_\_\_  
**Telephone number**

\_\_\_\_\_  
**Date**

**Please place the completed form in the addressed and stamped envelope provided by the applicant.  
Please be sure to seal the envelope and sign it across the seal before returning it to the applicant.  
Thank you for assisting us with our self-managed application process.**



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