

**FOUR YEAR BACHELOR OF SCIENCE IN NURSING PROGRAM
EVALUATION FORM**

Office of Admissions/401 West Kennedy Blvd/Tampa, FL 33606-1490 USA/www.ut.edu
Tel: (813) 253-6211/Fax: (813) 258-7398/ Toll Free 888-MINARET (646-2738)
E-mail: admissions@ut.edu

FOR:

Last Name	First Name	Middle Name
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I request that this evaluation be sent to The University of Tampa Office of Admissions with the understanding that it will be used in support of my admissions application.

I, _____, (voluntarily waive) / (decline to waive)
(CIRCLE ONE)

my right under the Family Education Act of 1974 to review or examine this recommendation form.

Applicant's Signature	Date
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TO THE EVALUATOR:

The person whose name appears above is applying to the BSN Program at the University of Tampa and has asked you for a reference. This recommendation will be used solely for the evaluation of admission. *The evaluation which is most helpful contains statements about the candidate's possible deficiencies as well as strengths. We are grateful for your time and input.*

In what specific capacity have you known the applicant?

For how long?

Describe the applicant's principal strengths:

What are the applicant's primary weaknesses or liabilities?

How might these affect the applicant's performance in nursing school?

Evaluate the applicant's ability to communicate in oral and written form:

Check the appropriate box on each line which corresponds to your evaluation of the qualities listed. Mark "N/A" if unable to rate the quality.

Superior (Top 5%)	Excellent (Top 15%)	Good (Top 30%)	Average (Middle 30%)	Weak (Low 30%)	N/A
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Interpersonal Skills

Leadership Potential

Motivation & Initiative

Academic Skills

Indicate your overall evaluation of this applicant by checking one of the following:

Highly Recommend Recommend Recommend with reservations Not recommended

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Name

Title

Organization

E-mail

Phone Number

Street Address

City

State

Zip

Signature

Date

Thank you for your time and evaluation of this candidate.