

Nursing Program

To Be Completed By Applicant

Applicant Name: _____

NursingCAS ID: _____

Under the Federal law entitled the Family Education Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence in the long run are of greater utility in the assessment of a student's qualifications, abilities, and promise.

Please sign and date one of the statements below.

I have waived my right to inspect this letter of reference and hereby inform referent that this letter will be kept strictly confidential.

Student Signature

Date

Referent is advised that I have retained my right to inspect this letter of reference and that upon enrollment, I may have access to this recommendation.

Student Signature

Date

To Be Completed by Program Director

Name: _____

Title: _____

E-Mail Address: _____

Address: _____

Phone Number: _____

How long have you known the applicant? _____

In what capacity? _____

Would this student be eligible for readmission if applying?

Yes

No Comment: _____

Describe any concerns regarding the applicant's professional behavior.

Please rate the applicant in the following areas.

	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1	Not Observed
Intellectual Ability						
Written Communication Skills						
Oral Communication Skills						
Maturity						
Adaptability						
Team Skills						
Dependability						
Conflict Resolution						
Interpersonal Skills						
Awareness of Limitations						
Reaction to Criticism						
Patient Interaction						
Overall Evaluation						

Summary Evaluation (Please check one)

- Recommend without Reservation
- Recommend with Reservation
- Do not Recommend

If you have other information that you feel would be significant to the Admissions and Academic Evaluation Committee in the evaluation of the applicant's qualifications, please provide information in the space below.

Signature

Date Completed

Please submit the completed form to:

Union College Nursing Program
 Attn: Program Development and Enrollment Counselor
 3800 South 48th Street
 Lincoln, NE 68506
 Fax: 402.486.2582