

Bachelor of Science – Prelicensure Program

PERSONAL RECOMMENDATION FORM – Deadline: January 15, 2013

NOTE TO APPLICANT. Please enter your name on the line marked “Name of Applicant” and deliver or mail to the person who will write this recommendation. Ask that the recommendation be mailed to you in a sealed envelope. Submit recommendation forms *in sealed envelopes* with your School of Nursing supplemental application. Two recommendations are needed. Appropriate sources include one teacher or counselor or one professional who has/had a supervisory, educational or mentoring relationship to you. Please use this form only. *We suggest that you provide a self-addressed, stamped envelope for the recommender.*

1. Name of Applicant _____
Last First Middle

NOTE TO RECOMMENDER: The person whose name appears above is applying for admission to the UCLA School of Nursing undergraduate program. The Admissions Committee would appreciate your assessment of the applicant according to the questions asked on this form. **Letters alone will not be accepted, not will transcripts, school reports or counselor reports.** This form must be filled out completely. If you will be unable to assess the applicant in more than half of the categories listed in the table below, please contact the applicant so that she/he can ask for a recommendation from someone who is able to assess her/him in the majority of the categories listed. The information you provide will not be considered confidential once the applicant has been admitted and it becomes part of the student record. Please fill in both sides of this form and sign it. Mail the recommendation to the applicant in a sealed envelope with your signature on the outside flap of the envelope.

2. During what dates did you know this person and in what connection? _____

3. On the chart below, indicate how would you rate this applicant among the students with whom you are acquainted?

	Outstanding (top 5%)	Excellent (top 15%)	Good (top third)	Average (middle third)	Poor (bottom third)	Do Not Know
Academic						
Intellectual Ability						
Oral Expression						
Writing Ability						
Leadership						
Creativity						
Flexibility						
Ability to Organize Work						
Ethical Standards						
Personal						
Maturity						
Integrity						
Initiative						
Perseverance						
Motivation						
Emotional Stability						
Ability to Work with Others						

4. How well do you think the applicant has thought out his/her plans for a career in nursing?

5. Please indicate any reservations you may have related to this applicant's ability to succeed in a nursing career:

6. Do you recommend the applicant for undergraduate study at UCLA? Yes ___ No ___

The faculty of the UCLA School of Nursing may contact recommenders to verify authenticity of a recommendation.

We are aware that we are asking for considerable time and effort on your part in completing this form. We want to assure you that your generous assistance in giving this appraisal is very helpful to us and greatly appreciated.

Signature _____

Name (please print) _____

Title _____

Facility _____

Address _____

Phone number: _____

Email: _____

Date _____