## UCLA DEADLINE: DECEMBER 1<sup>st</sup>

## School of Nursing

PERSONAL RECOMMENDATION

NOTE TO APPLICANT FOR ADMISSION TO GRADUATE STUDY. 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. Submit recommendation forms *in sealed envelopes* with your School of Nursing application. Three letters of recommendation are needed. Appropriate sources include professionals who have a supervisory, educational or mentoring relationship to you. Please use this form only. **Do not use form provided in the University application packet.** 

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. The Admissions Committee would appreciate your assessment of the applicant according to the questions asked on this form. If you will be unable to assess the applicant in more that 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. 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. How would you rate this applicant among the college/professional nurse population 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						
Conceptual Ability						
Oral Expression						
Writing Ability						
Professional Overall Clinical Performance						
Critical Thinking						
Leadership						
Creativity						
Flexibility						
Ability to Organize Work						
Commitment to Profession						
Ethical Standards						
Ability to Work Under Stress						
Personal Maturity						
Integrity						
Initiative						
Perseverance						
Motivation						
Emotional Stability						

Ability to Work with Others								
4. What do you consider to be the applicant's	outstanding talent	ts or strengths? (Pl	ease give specific e	examples.)	1	1		
5. Please identify any areas of weakness or a	reas for improvem	ent						
6. Are you aware of any factors that in your	opinion would mal	ke this applicant un	suitable for advanc	ed practice?	Yes No_			
If yes, please explain								
7. Please evaluate the applicant's potential fo	r advanced practic	e in relationship to	accountability, aut	onomy, collabora	tion and clinical	judgement.		
	1	1	5,5	5,5		, .		
8. How well do you think the applicant has the	nought out her/his p	plans for graduate s	tudy?					
9. Do you recommend the applicant for gradu	ate study? Yes_	No						
10. Additional Comments								
			Signature					
The faculty of the UCLA School of Nursing			Name (please print)					
may contact recommenders to verify authenticity of a recommendation.								
We are aware that we are asking for considerable								
		Facility						
time and effort on your part in completing this Therefore, we want to assure you that your ge		Address						
assistance in giving this appraisal is very help and greatly appreciated.	ful to us							
			Phone number:					
		Email:						
		Date						