

CSUN NURSING - **RECOMMENDATION FORM**

TO THE APPLICANT: This section must be completed before sending to recommender.

WAIVER OF ACCESS TO CONFIDENTIAL REFERENCES

In accordance with Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that at my option, I may waive the right to review this letter of recommendation. (Please check your choice below.)

- I waive my right to inspect this letter
- I do NOT waive my right to inspect this letter

Applicant's Name _____

Address _____

Signature _____

If you do not check one of the above actions or do not authorize this waiver by signature, then the program will assume you have not waived access.

TO THE RECOMMENDER:

Name (please print) _____ Date _____

How well do you know the candidate: Very well fairly well slightly

How long have you known the applicant? _____

Relationship to applicant? Advisor Professor Employer Physician Other _____

Please refer to the following table and indicate your impression of this applicant regarding the following factors:

Applicant Characteristics	Out-standing	Very Good	Good	Average	Poor	Unable to Judge
<i>Critical Thinking</i> : effective problem-solving & decision-making taking into account available information						
<i>Communication</i> : Oral expression						
<i>Communication</i> : Written expression						
<i>Interpersonal Relations</i> : ability to get along with others, rapport, cooperation						
<i>Integrity</i> : ethical standards, honesty, trustworthiness						
<i>Advocacy</i> : Represents the needs of others effectively						
<i>Life long learner</i> : Seeks personal learning opportunities						
<i>Respect for others</i> : Collaborates, respects values & beliefs of others, & culturally sensitive						
<i>Competence</i> : Quality of work is consistently accurate, thorough & timely.						
<i>Motivation</i> : genuineness and depth of commitment.						
<i>Maturity</i> : personal development, accepts constructive criticism and demonstrates good judgment						
<i>Perseverance</i> : commitment to finishing difficult tasks						
<i>Empathy</i> : sensitivity to needs of others						
<i>Resourcefulness</i> : demonstrates skillful management of available resources.						
<i>Creativity</i> : demonstrates originality						
<i>Ability to organize work</i> : Reliable and prompt						
<i>Collaboration</i> : Exhibits teamwork and works well with peers and upper management.						
<i>Self-Confidence</i> : assuredness, capacity to achieve with awareness of own strengths and weaknesses						

*Questions may be addressed on a separate sheet.

1. Are there any circumstances which you think might affect this candidate's ability to complete an academically rigorous nursing program? Yes No If Yes, please explain:

 2. Considering this candidate's interests, work habits, personality, and career goals. Does this person display the moral and ethical attributes necessary to be a health care professional? Yes No Additional Comments:

 3. Please discuss the characteristics of the applicant that you feel will make him/her a competitive candidate for our professional program.
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- This applicant receives my highest recommendation
- I recommend this applicant with confidence.
- I recommend this applicant.
- I recommend this applicant with some reservations.
- I would not recommend this candidate for admission.

RECOMMENDER:

Signature _____

Title/Occupation _____

Institution _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

RETURN THIS FORM IN A SEALED ENVELOPE TO APPLICANT. THANK YOU.