

RETURN TO:
School of Nursing
Northern Illinois University
Attention: Undergraduate Advisor
1240 Normal Road
DeKalb, IL 60115
(815) 753-6557
FAX: (815) 753-0814

Letter of Recommendation to Supplement RN-BS Application for Admission

This section to be completed by the applicant before form is given to writer of recommendation.

Name of applicant: _____ ZID # _____

Degree Sought: _____ Department: Nursing Major: Nursing

I voluntarily waive my right of access to this recommendation under Public Law 93-380 so that it may be kept confidential.

 Original signature of applicant (photocopied signature not acceptable)

Please rate the applicant on each of the following characteristics. Compare with others of like experience and position.

Public Law 93-380 permits the student to inspect this recommendation if the above waiver is not signed.

	Upper 5%	Upper 10%	Upper 25%	Upper 30%	Lower 50%	No Basis for Judgment
Intellectual ability						
Problem solving ability						
Ability to be open and adaptable to change						
Motivation						
Communication skills						
Ability to communicate knowledge to others						
Ability to work with others in diverse settings						
Openness to learning						
Emotional maturity						
Ability to follow directions						
Leadership potential						
Imagination/creativity						
Respect for others and their views						

You are encouraged to write a statement about the candidate on the reverse side of this form. A letter may substitute for written comments, but should be attached to this form after the top portion is completed by the applicant.

Context in which I have known applicant: _____ From _____ To _____
 (as applicant's adviser, faculty, supervisor, etc.)

General assessment of overall academic ability: Of the approximately 50 individuals at a comparable educational or professional level that I have known in recent years, I would rate this applicant in the upper _____ percent.

Name: _____ Original Signature: _____

Position: _____ Address: _____

Health Care Facility: _____

Date: _____

Please describe this applicant's professional and personal characteristics.

Signature: _____ Date: _____