

5. Please rate the applicant on the following:

	Above Average	Average	Below Average	Not Applicable
5a. Maturity				
5b. Integrity				
5c. Ability to relate to peers				
5d. Ability to relate to those in authority				
5e. Ability to accept responsibility				
5f. Ability to accept constructive criticism				
5g. Ability to be self directing				

6. Additional comments (such as strengths, weaknesses or other information that the Admissions Committee should consider in making their decision):

7. Do you recommend this person for admission to Citizens School of Nursing?

Date _____

Signature _____

Print Name _____

Position _____

Address _____
 Number, street City State ZIP code

Daytime phone _____

Please **return this form directly to:**

Registrar
 Citizens School of Nursing
 651 Fourth Avenue
 New Kensington, PA 15068

Email: mkillian@wpahs.org