

## **Nursing Recommendation Form**

### **NOTE TO APPLICANT:**

Please type or print your name on the line marked *Name of Applicant* before giving this form to a current or recent employer, supervisor, teacher, or professor. **Do not ask immediate family members or nursing faculty to complete this recommendation.** Deliver or mail the forms and stamped envelopes to the two persons who will write the recommendations. Recommendations may be hand delivered with the application if the evaluator signs across the sealed envelope. **All recommendations are to be sent to:**

**University of the District of Columbia  
Community College  
Nursing Admission, Progression and Graduation Committee  
801 North Capitol Street, NE  
Building 53, Room 811**

**NOTE TO THE RECOMMENDER:** The student named below has applied for admission to the UDC Nursing Program. Please provide the Committee with an objective evaluation of the candidate by completing this recommendation form. *Please feel free to attach sheets if needed.*

Applicant

Last

First

Middle/Maiden

1) How long have you known the applicant and in what capacity?

2) What do you consider to be the applicant's outstanding strengths [provide specific examples]?

3) What do you consider to be the applicant's primary weaknesses [provide specific examples]?

4) How do you rate this applicant?

<b>INSTRUCTIONS:</b>	<i>Check the appropriate column. Indicate the applicant's rating for each area from excellent to poor. Check do not know for categories that you are unable to evaluate.</i>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>POOR</b>	<b>DO NOT KNOW</b>
1	Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Conceptual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Work Quality Under Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) Additional comments on rating:

6) Check your overall recommendation with an "X" to indicate your rating of the applicant for nursing education?

- Highly Recommended 
                    
 Recommended with Reservations   
 Recommended 
                    
 Not Recommended

7) Comments on the overall recommendation:

8) RESPONDENT INFORMATION:

Name:

Signature:

Position/Title:

Address:

Telephone:

Date: