

**A-BSN APPLICANT 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       Supervisor

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

<b>Applicant Characteristics</b>	<b>Out-standing</b>	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Unable to Judge</b>
<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						

Applicant Characteristics	Out-standing	Very Good	Good	Average	Poor	Unable to Judge
<i>Lifelong 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.

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.**

**CALIFORNIA STATE UNIVERSITY, NORTHRIDGE**

**DEPARTMENT OF NURSING A-BSN PROGRAM**