

**College of Health Sciences
Department of Nursing**

RECOMMENDATION FORM

TO THE APPLICANT:

Complete the section below and sign. The evaluator completes the rest of the form.

Applicant Name (print): _____

I waive my right to see this form after it is completed:

I do not waive my right to see this form after it is completed:

(This statement is in compliance with Federal Law P.L. 93-380 the Family Education Rights and Privacy Act of 1974).

Applicant Signature: _____ Date: _____

TO THE EVALUATOR:

The person whose name appears above is applying to the BSN program at Chicago State University. The applicant is requesting a recommendation to support his/her application. The Department of Nursing seeks to admit individuals, who have the potential to engage in scholarly work, think critically and provide leadership in the profession. We appreciate your assistance in evaluating this applicant on these and other essential characteristics.

The provider of this recommendation must be an upper division instructor (courses above the 200 level), employer, work supervisor, community service supervisor. No personal references or references from family members will be accepted.

Please complete the rating grid by evaluating the applicant in relationship to other individuals you have known in a similar capacity.

Qualities	Excellent Upper 10%	Above Average	Average	Below Average	Unable to Judge
1. Responsibility/Integrity – Accepts feedback, taking responsibility for own behavior and works independently. Trustworthy, dependable, and reliable					
2. Self Assessment – Able to reflect on own abilities and weaknesses. Initiates and completes plans for change.					
3. Initiative – Begins and completes assigned tasks without reminders. Asks questions and makes suggestions appropriately.					