

Graduate Recommendation Form for _____
(Applicant's Name)

Section II (to be completed by recommender):

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

Please carefully evaluate the applicant in the following areas.

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>N/A/Unable to Evaluate</i>
Academic Ability	_____	_____	_____	_____	_____
Conceptual Ability	_____	_____	_____	_____	_____
Clinical Nursing	_____	_____	_____	_____	_____
Competence	_____	_____	_____	_____	_____
Critical Decision	_____	_____	_____	_____	_____
Making Skills	_____	_____	_____	_____	_____
Organization	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Leadership Ability	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____
Effectiveness In writing	_____	_____	_____	_____	_____
Adaptability	_____	_____	_____	_____	_____
Self-reliance	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____

Please indicate your overall endorsement of the applicant:

_____**Strongly Recommend** _____**Recommend** _____**Do not Recommend**

Name/Title: _____
 (Print)

Telephone #: _____ **e-mail address:** _____

Signature: _____ **Date:** _____

Please feel free to append additional comments if desired.