



Preparing people to lead extraordinary lives

Recommendation Form

To be completed by the applicant (please type or print):

Name: _____
Last First Middle

Address: _____
Street City State Zip

This recommendation is to be (applicant must check one):

___ Non-Confidential. I reserve my right to review this form at a later date.

___ Confidential. I waive my right under the Family Educational Rights Privacy Act of 1974, as amended, to inspect and review this form. I certify this waiver was given voluntarily by me.

Signature: _____ Date: _____
.....

To be completed by person making the recommendation:

Name: _____

Title/Position: _____

Business Name: _____

Business Address: _____
Street City State Zip

Please assist the Department of Nursing at Loyola University Chicago in making an accurate determination of the prospective student's qualifications as related to her/his professional objectives as well as academic leadership potential.

1. How long have you know the applicant? _____

2. In what capacity have you known the applicant? _____

ACCELERATED BACHELOR OF SCIENCE IN NURSING

3. Please complete the rating scale below by checking the column that most accurately represents your opinion:

Characteristic	Unable to Comment	Fair (Lower 50%)	Average (Top 50%)	Good (Top 20%)	Excellent (Top 10%)
Attitude					
Dependability					
Professionalism					
Scholarship Character (Honesty, Integrity)					
Leadership (Initiative, Self-Direction)					
Clinical Performance (If Applicable)					

4. What do you consider to be the applicant's principle strength(s)? _____

5. What do you consider to be the applicant's principle weakness(es)? _____

6. Please make any additional comments about the applicant's potential or personal qualities that you feel would be helpful to the School of Nursing Admission Committee. (Use an additional sheet of paper if desired.) _____

Signature: _____ Date: _____

Please seal this form in an envelope, sign across the seal and return the envelope to the applicant.