



Recommendation Form
School of Nursing

Name _____

Address _____

North Park ID# _____

- Confidential. I waive my rights 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.
Non-confidential. I reserve the right to view this form at a later date.

Applicant Signature _____ Date _____

TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION

Name _____

Title/Position _____

Business Name _____

Business Address _____
Street City State ZIP

In what capacity have you known the applicant?

- Instruction Lecture Seminar
Academic Advising Supervision
Other (Please describe: _____)

Please check your ratings for the applicant in the following areas:

Critical Thinking / Problem Solving Skills: Outstanding Above Average Average
Below Average Inadequate Unable to observe

Comments:

Leadership Ability: Outstanding Above Average Average
Below Average Inadequate Unable to observe

Comments:

Dependability: Outstanding Above Average Average
Below Average Inadequate Unable to observe

Comments:

Oral Communication: Outstanding Above Average Average
Below Average Inadequate Unable to observe

Comments:

