NORTH PARK UNIVERSITY

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:

Written Communication: ☐ Outstanding ☐ Above Average ☐ Average ☐ Below Average ☐ Inadequate ☐ Unable to observe

Comments:

Interpersonal Relations: ☐ Outstanding ☐ Above Average ☐ Average ☐ Below Average ☐ Inadequate ☐ Unable to observe

Comments:

Initiative: ☐ Outstanding ☐ Above Average ☐ Average ☐ Below Average ☐ Inadequate ☐ Unable to observe

Comments:

Integrity: ☐ Recommend unequivocally ☐ Questionable ☐ Poor ☐ Unable to observe

Comments:

Industry: ☐ Works efficiently & effectively ☐ Works satisfactorily ☐ Works at capacity for present grades ☐ Works poorly ☐ Unable to observe

Comments:

What do you consider the applicant's major strengths?

What do you consider the applicant's major areas for growth?

Please make any additional comments that you feel might be helpful to the School of Nursing in making a decision about the applicant's suitability for the nursing profession.

Signature_____ Date_____

Please return to: ATTN: Mary Lynch
North Park University
School of Nursing, Box 22
3225 W. Foster Ave
Chicago, IL 60625-4895

OR mlynch1@northpark.edu