

Recommendation Form

Select Program: RN (ASN) LVN/MT to RN (ASN)

Applicant's Name (Please Type or Print)

Today's Date

APPLICANT: Please ask a professional individual such as a teacher, physician, pastor, nurse, residence hall dean or work supervisor who knows your capabilities to complete this reference form. Recommendations must be returned to the Department of Nursing & Health Sciences by the individual recommending you. Recommendations from family members, scanned, emailed or faxed recommendations and those presented directly to the Department by applicants are NOT acceptable.

I understand that this form will be used in the admission process for the PUC Nursing Program only. Federal legislation (Family Rights and Privacy Act of 1974 and its amendments) allows individuals the option of having either a confidential file or a file open to their (the applicant's) inspection.

- I waive my right to review a copy of this recommendation form at any time in the future.
 I do NOT waive my right to review a copy of this recommendation form at any time in the future.

Applicant's Signature _____

RECOMMENDER: Your frank, prompt appraisal will assist the Nursing Admissions Committee in evaluating the applicant's qualifications. Please return this signed, original form directly to:

**Pacific Union College
Department of Nursing & Health Sciences
Nursing Admissions Coordinator
One Angwin Ave
Angwin, CA 94508**

1. In what capacity and for how long have you known the applicant?

2. Please describe any personality, physical, or emotional characteristics that you feel may be important to the applicant's success in the Nursing Program.

3. Please rate the applicant as follows:

	Above Average	Average	Below Average	Not Applicable
Quality of work				
Interactions with others				
Reliability				
Honesty				
Motivation				
Academic Ability				
Emotional Stability				
Cooperation				

4. Comments:

5. Highly Recommend
 Recommend
 Recommend With Reservations
 Not Recommended

Recommender's Printed Name _____

Recommender's Position/Title _____

Company/Organization Name _____

Address _____

Telephone _____

Recommender's Signature _____