



Nursing Recommendation Form

To the Student

Complete the following section and give this form as soon as possible to someone who has observed you in a professional setting for a reasonable period of time. This should be an employer or community leader for whom you have worked or volunteered. Please furnish the evaluator with a stamped envelope, using the address at the bottom of the second page.

First Name	Middle Name	Last Name	Date of Birth
Address: Number & Street		Apartment/Unit	Social Security Number
Address: City	State/Province	Postal Code	
Address: Country			

The Family Educational Rights and Privacy Act of 1974 permits a matriculated student to have access to his/her file unless a waiver of that right has been signed. If you wish to waive your right to access your file, sign your name in the space provided. The waiver is NOT required as a condition of admission. **I hereby waive my right of access to this letter of recommendation.**

Applicant's Signature	Date
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To the Evaluator

This student is applying for admission to Azusa Pacific University. The Office of Undergraduate Admissions finds candid, thorough evaluations invaluable to the decision-making process. Please include any information that you feel is pertinent, and remember that the sooner you return this form to APU, the sooner we can give this student our admission decision. Thank you.

Please rate the applicant in each of the following areas:

Excellent (Top 15%)	Good (Top third)	Average (Middle third)	Poor (Bottom third)	Do Not Know
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Ability to work with others					
Conceptual ability					
Consistency					
Creativity					
Flexibility					
Initiative					
Integrity					
Leadership					
Maturity					
Motivation					
Sensitivity to patients					

Continued ...



Nursing Recommendation Form (continued)

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

What do you consider to be the applicant's outstanding talents or strengths? (Please give specific examples.)

What do you consider to be the applicant's major weaknesses? _____

How well do you think the applicant has thought of his/her plans for this program of study? _____

I ☐ **recommend** ☐ **do not recommend** ☐ **recommend with reservation** this individual for enrollment in the School of Nursing.

First Name	Middle Name	Last Name	Position/Occupation
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Phone	Email Address
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Address: Number & Street	City	State/Province	Postal Code	Country
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Evaluator's Signature	Date
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Please note: This form should be returned as soon as possible to give the applicant the best possible admissions consideration.



PLEASE RETURN TO:
Office of Undergraduate Admissions
Azusa Pacific University
PO Box 7000
Azusa, CA 91702-7000

