

Admission Recommendation

Nursing Post-Licensure Programs

ADULT &
GRADUATE
EDUCATION



Student name: _____

Reference name: _____ Phone: _____

Address: _____

Job title: _____

Reference signature: _____ Date: _____

How long, and in what capacity, have you known this individual?

How would you rank this candidate in relation to other baccalaureate-prepared nurses with whom you have worked?

	Outstanding (Highest 5%)	Very Good (Next highest 5%)	Good (Upper 25%)	Average (Upper 50%)	Below Average (Lower 50%)
Creativity					
Analytical Thinking					
Communication Skills					
Nursing Knowledge					
Independence					
Motivation					

Please provide a separate sheet or letter of recommendation to accompany this form.

Do you recognize specific strengths and/or attributes that will assist this candidate in graduate studies and advanced nursing? If so, please describe:

Do you have concern for this candidate's ability to engage in graduate study and advanced nursing activities? If so, please describe:

Thank you for your assistance in evaluating this candidate's potential for graduate education. Please return form to: Capital University, Adult & Graduate Education, 1 College and Main, Columbus, OH 43209-2394.