

Section I - To be completed by the applicant

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is indicated below. Failure to sign will constitute acceptance of limited access. This waiver is effective insofar as the recommendation is used solely for the purpose of admission.

I do waive  I do not waive my right to inspect the contents of the following recommendation

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of applicant \_\_\_\_\_ Date of birth \_\_\_\_\_  
PLEASE PRINT LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET  
CITY STATE ZIP CODE

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Section II - Information for the person serving as the applicant's reference

The above named person has made application for accelerated study leading to the Bachelor of Science in Nursing (BSN) degree at Capital University. As part of the admission process, candidates are asked to seek the recommendations of those familiar with their work and can speak for their professional acumen.

1. What is your relationship with the applicant?  
 Current/former teacher/professor or academic administrator  
 Current employer/supervisor
2. Do you know the applicant well enough to give him or her a recommendation?  
 Yes  
 No (*If you checked No, you do not need to complete the rest of this form unless you are an academic administrator providing the reference based on the applicant's past academic record.*)

**To the recommender:** The individual above is applying for admission to Capital University's Nursing Accelerated Program. This is a compressed, professional nursing program admitting only individuals who hold baccalaureate degrees in other fields. The program leads to the Bachelor of Science in Nursing degree and eligibility to seek licensure to practice as a registered nurse. It is important that the individual being admitted has the capabilities necessary to successfully complete a program with a high degree of academic rigor. **To that end, it is requested that you complete the summary evaluation on the following page to the best of your ability, and include a letter to support your recommendation.**

Thank you for taking the time to complete this recommendation form.

**Please return to:**  
Capital University  
Adult and Graduate Education  
1 College and Main  
Columbus, OH 43209-2394

**Questions?**  
adult-grad@capital.edu  
www.capital.edu  
614-236-6996  
Fax: 614-236-6923

## Section III - To be completed by the person serving as the applicant's reference

<b>Summary evaluation</b>  Please circle a number that represents the applicant's demonstration of his or her ability or quality. Please check the box if this action was not observed.	Outstanding	Above Average	Average	Not Observed
<b>Intellectual curiosity</b> - Raises meaningful questions and seeks answers.	3	2	1	
<b>Problem-solving ability</b> - Uses a systematic approach to identify and solve problems.	3	2	1	
<b>Decision-making ability</b> - Considers alternatives and consequences; takes action.	3	2	1	
<b>Communication</b> - Expresses ideas logically and succinctly, verbally and in writing.	3	2	1	
<b>Self-direction</b> - Plans and executes actions independently.	3	2	1	
<b>Open-mindedness</b> - Thoughtfully considers new and different ideas.	3	2	1	
<b>Toleration of ambiguity</b> - Able to function without rigidly defined, imposed structure.	3	2	1	
<b>Reliability</b> - Follows through on commitments.	3	2	1	
<b>Accountability</b> - Accepts responsibility for own decisions and actions.	3	2	1	
<b>Cooperation</b> - Works collaboratively with peers and others.	3	2	1	
<b>Work under stress</b> - Able to accomplish goals in stressful situations.	3	2	1	
<b>Integrity</b> - Demonstrates behavior with accepted ethical standards.	3	2	1	

Name \_\_\_\_\_

Job title \_\_\_\_\_

Place of employment \_\_\_\_\_

Address \_\_\_\_\_  
STREET

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Length of time you've known applicant \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_