

College of Health Sciences  
Department of Nursing



**RECOMMENDATION FORM**

**TO THE APPLICANT:**

Complete the section below and sign. The evaluator completes the rest of the form.

**Applicant Name (print):** \_\_\_\_\_

I waive my right to see this form after it is completed:

I do not waive my right to see this form after it is completed:

(This statement is in compliance with Federal Law P.L. 93-380 the Family Education Rights and Privacy Act of 1974).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO THE EVALUATOR:**

The person whose name appears above is applying to the BSN program at Chicago State University. The applicant is requesting a recommendation to support his/her application. The Department of Nursing seeks to admit individuals, who have the potential to engage in scholarly work, think critically and provide leadership in the profession. We appreciate your assistance in evaluating this applicant on these and other essential characteristics.

The provider of this recommendation must be an upper division instructor (courses above the 200 level), employer, work supervisor, community service supervisor. No personal references or references from family members will be accepted.

In what capacity have you known the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please complete the rating grid by evaluating the applicant in relationship to other individuals you have known in a similar capacity.

| Qualities   | Excellent<br>Upper 10% | Above<br>Average | Average | Below<br>Average | Unable to<br>Judge |
|---|------------------------|------------------|---------|------------------|--------------------|
| 1. Responsibility/Integrity – Accepts feedback, taking responsibility for own behavior and works independently. Trustworthy, dependable, and reliable       |                        |                  |         |                  |                    |
| 2. Self Assessment – Able to reflect on own abilities and weaknesses. Initiates and completes plans for change.   |                        |                  |         |                  |                    |
| 3. Initiative – Begins and completes assigned tasks without reminders. Asks questions and makes suggestions appropriately.                                  |                        |                  |         |                  |                    |
| 4. Problem Solving Skills – Thinks analytically. Recognizes problems and seeks solutions. Seeks additional information.                                     |                        |                  |         |                  |                    |
| 5. Organizational Abilities – Ability to plan, schedule and complete work. Able to adapt to environmental demands. Flexibility.                             |                        |                  |         |                  |                    |
| 6. Leadership – Ability to encourage participation in others. Interacts well with groups and facilitate task completion.                                    |                        |                  |         |                  |                    |
| 7. Ability To Work With Others – respectful of others opinions, active in group discussions. Team oriented.   |                        |                  |         |                  |                    |
| 8. Effectiveness In Speaking – Ability to make clear, concise oral presentation of facts, ideas or opinions.  |                        |                  |         |                  |                    |
| 9. Effectiveness In Written Communication – Writes clearly. Demonstrates an ability to organize information while using good syntax structure and spelling. |                        |                  |         |                  |                    |
| 10. Potential For Scholarly Work- Willingness to investigate information, ability to conceptualize material   |                        |                  |         |                  |                    |

Please check the statement that best describes your overall recommendation of the individual applying to the BSN degree program at Chicago State University.

Strongly Recommend  Recommend  Recommend with Reservations  Not Recommend

Name and Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Please feel free to include further narrative comments on the applicants potential for academic performance and professional development in a separate letter. After completing this form, please enclose in an envelope, seal the envelope and sign along the seal.  
Mail to:

**Department of Nursing  
Chicago State University  
9501 South King Drive  
BHS Room 200A  
Chicago, IL. 60628**