RECOMMENDATION FOR ADULT STUDIES IN NURSING

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Return to:
SOUTHERN NAZARENE UNIVERSITY
Adult Studies in Nursing
6729 Northwest 39th Expressway
Bethany, OK  73008

PART I: TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME: ______________________________

DEGREE/PROGRAM: ___ RN-BS

_____ Master of Science in Nursing Education

_____ Master of Science in Nursing Leadership

PART II: TO BE COMPLETED BY THE RECOMMENDER

To the Recommender: In considering an applicant, particular emphasis is placed on the comments from people with whom the applicant is personally acquainted. We appreciate the difficulty of furnishing meaningful and candid appraisals, and we are very grateful for your contribution to our admission process. We typically find that a recommendation that presents a balanced view of an applicant’s abilities and other attributes is most helpful. This form is intended to present information about the applicant. Please supplement it in whatever way you feel is appropriate.

Recommender’s Name: __________________________________________

Position or Title: ________________________________  At: ________________________________

Address: ______________________________________________________

Work Phone: __________________________________________________

How long have you known the applicant? ________________________________

In what capacity? ________________________________________________

(please complete both sides of form)
RATINGS OF ABILITIES AND KNOWLEDGE

Please list the three (3) areas of greatest strength you believe the applicant has to contribute to being successful in the Adult Studies Nursing program.

Please list the three (3) areas of greatest weakness that you believe could preclude the applicant from succeeding.

Please list the three (3) characteristics that seem most typical of this applicant.

Use the following rating scale to indicate your assessment of the applicant’s management of abilities, skills, and knowledge.

9-10 Exceptional abilities and/or potential
7-8 High abilities and/or potential
5-6 Moderate to average abilities and/or potential
3-4 Below average abilities and/or potential
0-2 Very poor abilities and/or potential
NA Not aware of abilities in described area

1. _____ Moral reasoning abilities and commitment to Christian ethics and value system
2. _____ Social adjustment
3. _____ Emotional stability
4. _____ Ability to analyze and critically assess relevant solutions to problem situations
5. _____ Ability to take initiative and effectively get things accomplished
6. _____ Personal motivation level
7. _____ Ability to motivate other individuals
8. _____ Written communication skills
9. _____ Oral communication skills, both in groups and with individuals
10. _____ Non-verbal communication skills
11. _____ Overall assessment of abilities
12. _____ Prediction of graduate success
13. _____ Accountability/reliability in work/school setting
14. _____ Professionalism
15. _____ Caring qualities
16. _____ Commitment/ability to meet goals/deadlines

The following statements relate to students interested in pursuing a degree in the Adult Studies Nursing Program:

☐ I recommend that this student be admitted to the Adult Studies Nursing Program
☐ I recommend with some reservation that this student be admitted to Adult Studies Nursing program.
☐ I do not recommend that this student be admitted to Adult Studies Nursing Program.

_________________________________ ___________________________ _______________________________
Signature Date