

THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Please have a person who has supervised/instructed you within the past three years fill out this recommendation form for you.

1. Complete the applicant section of this Recommendation Form and turn it in to the person who will complete the Evaluation. **Please note:** A total of two recommendations are required for the application.
2. Give this form to the individual writing your recommendation. *This person should return the recommendation form to you in a sealed envelope, sign on the flap, and return to you to submit with your application.*

Name of Applicant: _____
Last First Middle

Name of Reference: _____ Today's Date: _____

Please describe the role of your Reference Writer (i.e. supervisor, instructor, etc.): _____

Reference Writer's Phone Number: _____ Applicant's phone number: _____

THIS SECTION TO BE COMPLETED BY THE REFERENCE WRITER:

The applicant indicated at the top of this form is applying to the LPN Program at South Seattle Community College and has selected you to complete a recommendation for his/her application. Once you have completed your recommendation, please place it in a sealed envelope, sign across the flap, and return to the applicant. Please be aware that applicants must submit their applications, including Recommendation Forms in full by Feb. 1, 2010.

Please rate the applicant on the following qualities:

	Superior	Above Average	Average	Below Average	Poor
Ability to follow directions					
Attitude/Behavior					
Caring/Compassionate					
Commitment					
Communication Skills					
Cooperation/Team Player					
Decision making					
Initiative					
Integrity/Honesty					
Motivation					

Please use space below for any comment on the criteria listed above. How do you think this person will be as a student and/or nurse? Please feel free to add any additional comments.

I recommend this person for your Nursing Program. YES _____ NO _____

Signature: _____ Date: _____