

Request for Recommendation

Applicant name:__

TO THE RECOMMENDER:

The applicant named above is applying to the Bachelor of Science in Nursing program. As a part of the application process, performance in several areas is assessed. We appreciate your responses to the questions below.

Please describe the applicant's performance by checking one appropriate space for each area of performance.

Statement	Excellent	Above Average	Average	Below Average	Not Known
Knowledge of nursing/healthcare					
Applies knowledge to practice					
Implements new techniques and knowledge					
Works well with others					
Leads others					
Manages/supervises others					
Contributes as a member of organization					
Communicates effectively					
Works independently					
Overall, is competent in own specialty					
Responsibility					
Adaptability					
Acceptance of feedback					
Ability to learn					

Please add other comments as desired on the back of this sheet; attach additional pages as needed.

Recommender's Name (please print) _____

Signature

Position/Title

Company

Phone Number	Relationship to Applicant	Years Known		
College guidelines pursuant to the admitted and registered at Olyn behalf unless the student waives	03-380, the Family Educational Rights and Privacy hat Act, a student (defined as any person who has npic College) has the right to review recommendat s this right at the time the recommendation is soli ecommendation, please indicate by signing here:	been officially tions made in his or her		
Applicant Signature:	Date:	Date:		

Date

Please add personal comments below:

Submit by:

Email: selectiveadmissions@olympic.edu Mail: Olympic College Attn: BSN Admissions 1600 Chester Avenue Bremerton, WA 98337-1699