

Department of Nursing Evaluation/ Recommendation Form



The completion of this form is necessary for admission into the nursing program as a transfer student. Please fill in your name, address, and dates of attendance on this form and submit it to the Department Chair of the Nursing Program you were enrolled in. Saint Francis University reserves the right to contact persons providing recommendations and to acknowledge receipt of recommendations.

Student's Name _____
 Home Address _____
 Email _____ Phone _____
 Institution _____ Dates of Attendance _____

The Family Educational Rights and Privacy Act of 1974, as amended, guarantees confidentiality of the student's educational records. In an effort to expedite my transfer, I, _____
 authorize the Dean of Students Office to release all information as it pertain to my conduct and code of behavior.

Signature of Applicant _____ Date _____

TO THE NURSING PROGRAM DIRECTOR:

This student named above has applied for admission as a transfer student to Saint Francis University's nursing program. Please complete this form and return this form the to Vice President of Enrollment Management, Saint Francis University, PO Box 600, Loretto, PA 15940. Your assistance is greatly appreciated.

1. How long have you known the applicant? _____
2. How well do you know the applicant? _____ Very Well _____ Moderately Well _____ Slightly
3. In what capacity do you know the applicant? _____
4. Rating Scale: Please rate the candidate on each of the following by circling the appropriate numbers:

	Outstanding	Average	Below	N/A
Clinical Skills	3	2	1	N/A
Academic Ability	3	2	1	N/A
Motivation	3	2	1	N/A
Interpersonal Skills	3	2	1	N/A
Perseverance	3	2	1	N/A
Reliability	3	2	1	N/A

What is the applicant's area of strength?

What is the applicant's area of weakness?

Overall Recommendation: _____ Strongly recommended _____ Recommend
 _____ Recommend with reservations _____ Do not recommend

Signed _____ Name _____
 Title _____ Institution _____

Thank you for completing this recommendation/evaluation. Please fax or mail this form to:
 Saint Francis University - Office of Admissions
 P.O. Box 600
 Loretto, PA 15940
 Fax: 814-472-3335