



Accelerated Bachelor of Science in Nursing Program - ABSN Recommendation Form

To the Applicant:

Please provide two recommendations from people qualified to evaluate your background and potential for success in a program of graduate study. Recommendations may come from a healthcare professional, supervisor, co-worker, college professor, or someone who is familiar with your goals and abilities to successfully complete the accelerated bachelor degree program in nursing. It should not be completed by any member of your immediate family. Select someone you know personally who is familiar with your achievements and goals in terms of leadership, motivation and dependability, potential for growth, communication skills, character and integrity. For recommenders who choose to write a letter, be sure to include this form with the letter.

The completed recommendation form should be mailed to the Office of Admission, Baldwin Wallace University, 275 Eastland Road, Berea, OH 44017-2088. Your application may not be fully considered until all recommendations are submitted, so encourage the individuals you select to complete and return the form promptly.

Applicant's Name (please print) _____

Address _____
Street City State Zip

Please mark the appropriate phrase below, indicating your choice of option, and sign your name:

- I hereby waive the right to view this recommendation and understand that it will be held in confidence.
 I wish to retain my right to view this recommendation.

Applicant's Signature _____ Date _____

To the Individual Completing This Evaluation:

The person named above has applied for admission to Baldwin Wallace University for the Accelerated Bachelor of Science in Nursing Program (ABSN). In consideration of each applicant, emphasis is placed on comments from references concerning an applicant's academic preparation and potential for a successful career in nursing. Please complete this form, using additional paper if desired. We are particularly interested in your perceptions of character and integrity, commitment to leadership, motivation and potential for personal and professional growth, and the applicant's potential for future contributions to the field of nursing.

The applicant may not be fully considered for admission until all recommendations are submitted, so please complete and return the form promptly to the address on the second page of this form.

1. How long and in what capacity have you known the applicant? Please be specific.
2. Is the applicant's scholastic record an accurate reflection of his/her academic ability? If not, please explain briefly.
 Yes
 No
 Don't Know
3. What are the applicant's most outstanding abilities or characteristics?
4. What are the applicant's chief liabilities and weaknesses?
5. What has been the applicant's experience and success in working in the community, or with people in a health care-related role?

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6. How would you evaluate the applicant in comparison with others whom you have known at similar stages in their careers in the following areas?

	Below Average 1	Average 2	Above Average 3	Excellent 4	No Basis for Judgment 0
Motivation and Perseverance Toward Goals					
Interpersonal Relations					
Communication Skills (Verbal /Written)					
Interest and Enthusiasm About the Field of Nursing					
Self Reflection and Effective Response to Constructive Criticism					
Sensitivity to Community and Cultural Norms					
Character and Integrity					
Leadership Ability					
Potential for Growth					
Intellectual Ability					

7. The Admission Committee is interested in any additional information you can provide about the applicant.

8. Please check to indicate your overall evaluation for this applicant to pursue a career in nursing:

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend

Your Name (please print) _____

Relationship to the Applicant _____

Your Profession or Occupation _____

Phone _____

Address _____
Street City State Zip

Signature _____ Date _____