

Nursing Program Recommendation Letter

Date: _____

Name of Student/Graduate: _____

Nursing program (include address if not local): _____

Date of Graduation: _____ Address of Nursing Program: _____

Faculty Name & Title: _____

Relationship of Student/Graduate to Faculty: _____

The following criteria are evaluated on a 1-5 Likert Scale with 1 - Unsatisfactory, 2 - Normal, 3 - Satisfactory, 4 - Highly Satisfactory, and 5 - Outstanding:

Academic Ability:

	N/A		1		2		3		4		5
	N/A		1		2		3		4		5
	N/A		1		2		3		4		5
	N/A		1		2		3		4		5
	N/A		1		2		3		4		5
	N/A		1		2		3		4		5
	N/A		1		2		3		4		5
	N/A		1		2		3		4		5

Clinical Skills:

Organizational/Time mgt. skills:

Communication Skills:

Leadership Abilities:

Professionalism:

Initiative:

Ability to Work with Others:

<input style="width: 30px; height: 20px;" type="checkbox"/>	Highly Recommend	<input style="width: 30px; height: 20px;" type="checkbox"/>	Recommend
---	------------------	---	-----------

Comments:

Faculty Signature: Faculty submitting this form via email to sandy.isaacs@rcc.edu from your **official school email** will suffice as your **signature**. Be sure to include contact #'s as well as school email addresses below.

Phone #'s: _____

Email's: _____