

Nursing Department Applicant Recommendation

Applicant's Name _____

As part of the admission process to the Bethany Lutheran College nursing major, the applicant requires recommendation from professors, supervisors, coaches, advisors, or pastors. Family and friends cannot provide a recommendation. Thank you for your timely and thoughtful evaluation of this applicant.

Your name and title: _____

How long have you know this applicant? _____

What is your relationship to the applicant? _____

Please rate the applicant in comparison with others of his/her age and position whom you have known.	Exceptional (Top 10%)	Above Average (Top 25%)	Average (Top 50%)	Below Average (Lower 50%)	Unable to Comment
Demonstrates responsibility for learning and follows through on commitments					
Works in a disciplined and organized manner					
Demonstrates ability to work with others with fairness and respect					
Responds positively to constructive feedback					
Demonstrates leadership skills					
Displays ability to be self-directed and motivated					
Exhibits maturity and self-control in situations involving conflict or stress					
Displays adaptability and flexibility					
Displays integrity consistently					
Communicates information and ideas clearly and positively verbally and in writing					
Demonstrates academic achievement and aptitude					
Demonstrates ability to critically think and solve problems effectively					
Displays empathy and ability to care					
Exhibits trustworthiness, honesty, and high personal standards in dealing with others					
Demonstrates ability to manage time effectively and be on time					
Displays perseverance and commitment					

Please describe the applicant's strengths and areas for improvement to complete an intensive program of study.

How strongly do you support this applicant for admission into the nursing program?

Support Strongly Support Support with Reservations Do not support

Please provide any additional feedback that may be helpful to the admissions committee as it reviews the applications.

Your signature: _____ Date: _____

A digital signature, an image of your signature, or your typed name on the line will be considered a valid signature.

Please submit your letter directly to the Nursing Department by walk-in to Admissions office (OM) or Dr. Traylor's office (MH 307), email to sara.traylor@blc.edu (write "Applicant Recommendation" in subject line), or mail to: Bethany Lutheran College, Nursing Dept, 700 Luther Dr., Mankato, MN, 56001. DO NOT FAX. Thank You.