

## 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 rank the applicant on the following:	Exceptional	Above Average	Average	Below Average
Able to manage time effectively				
Communicates information/ ideas clearly & positively (written & verbal)				
Demonstrates responsibility for learning & follows through on commitments				
Displays initiative/is self-directed				
Displays motivation				
Displays perseverance/commitment				
Demonstrates integrity consistently				
Works in disciplined & organized manner				
Responds positively to constructive feedback				
Intellectual ability				
Demonstrates ability to work with others with fairness & respect				
Demonstrates trustworthiness, honesty, & high personal standards in dealing with others				
Demonstrates creativity & problem-solving				
Uses critical thinking				
Demonstrates adaptability & flexibility				
Exhibits maturity & self-control; even in situations involving conflict or stress				
Displays empathy/ability to care				
Demonstrates leadership skills				

What are this applicant's strengths and areas for improvement to complete an intensive program of study?

Do you recommend this applicant for a career in nursing?

- Highly Recommend
- Recommend
- Recommend with Reservation
- Not Recommend

What are your additional comments or concerns?

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](mailto: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.**