Recommendation Form
Nursing Program
Carroll Community College
1601 Washington Road
Westminster, MD 21157

To be completed by the applicant.

_____
Last Name *First Name* *Middle or Maiden Name*

_____
Address

Public Law 93-380, Educational Amendment Act of 1974, grants students the right to have access to letters of recommendation in their placement files.

I wish access to my letters. Yes _____ No _____

I waive access to my letters. Yes _____ No _____

_____
Signature *Date*

	Superior	Above Average	Average	Below Average	Not Acceptable	No Opportunity to observe
Intellectual ability						
Breadth of general knowledge						
Ability to express self orally						
Ability to express self in writing						
Openness to values of others						
Emotional maturity						
Imagination & creativity						
Ability to empathize with others						
Attendance						

1. Compared with others of similar age and position whom I have known, I would rank this person in the top _____% of approximately _____ people I have taught or worked with in _____ years.
2. Please comment on the applicant's strengths and weaknesses; emphasizing characteristics that would suggest that the applicant would be a successful student in the nursing program.

_____

_____

_____

_____

_____

Signature _____ Position _____ Date _____

Name printed or typed _____

Institutional affiliation _____

_____
Street Address *City and State* *Zip Code*

This form must accompany the student's application.

November, 2001