Carroll Community College
Nursing Program
1601 Washington Road
Westminster, Maryland 21157

RECOMMENDATION FORM

To be completed by the applicant.

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

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

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
How would you rate the applicant's academic performance, particularly in science and health-related courses?						
How would you rate the applicant's work ethic, reliability, and dedication to their studies?						
How would you rate the applicant's interactions with peers and supervisors/faculty in terms of oral expression, compassion, and empathy?						
How would you rate the applicant's leadership abilities and effectiveness as a team member?						
How would you rate the applicant's ability to handle stressful situations and solve-problems?						
How would you rate the applicant's demonstration of professionalism, including adherence to ethical standards and responsibility?						
How would you rate the applicant's work ethic, reliability, and dedication to their academic and professional endeavors?						

1. Please list the applicant's greatest strength(s). _____

2. Please list the applicant's greatest weakness(es). _____

_____ _____ _____
Name Printed *Position* *Date*

_____
Signature

_____
Institutional affiliation

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

DO NOT MAIL TO COLLEGE.

This form must accompany the student's application. It does not have to be sealed.