



Tarleton State University
School of Nursing
Recommendation Form

Directions to Applicant: Give a recommendation form to three individuals. Choose someone who knows you in a professional capacity, such as a teacher, employer, supervisor, guidance counselor, or coach to complete the form. *If you are currently employed in health care*, one recommendation is to be from your current employer/supervisor. Recommendations from personal friends or relatives are not acceptable.

Please complete the information below before giving this form to the person providing the recommendation. For ease of submission, please provide the individual with a stamped envelope addressed to Tarleton State University, School of Nursing. Ask the person to sign their name over the envelope seal. Submit completed recommendations with your application.

Applicant: _____ TSU ID # _____
(printed name) (if available)

Applying for (please circle one): BSN (generic) LVN to BSN

Privacy Notice: The Family Education Rights and Privacy Act (FERPA) grants you the right to read this evaluation after you are enrolled as a student, unless you waive that right below. We do not provide access to admission records to applicants who are denied admission or to students who decline an offer of admission.

- Yes, I do waive my right to read this evaluation
- No, I do not waive my right to read this evaluation

Applicant's Signature: _____ Date: _____

Directions to Person Providing Recommendation: The person named above is applying for admission to a Tarleton State University nursing program and has requested that you complete the following form as part of the application process. Please complete the form to assist us in evaluating this applicant. If you need additional space to answer any of the items below, please attach a separate sheet of paper. Thank you for your assistance.

Person Providing Recommendation (print name): _____

Position: _____

Relationship to the applicant: _____

How long have you known the applicant? _____

How well do you know him/her? (Please check one)

_____By name/sight _____ Casually_____Fairly well_____Very well

Please rate the applicant on each of the following areas:

Category	Excellent	Good	Average	Poor	Unable to Rate
Dependability					
Punctuality					
Truthfulness and integrity					
Quality of work					
Ability to learn new tasks/skills					
Initiative/motivation					
Flexibility and adaptation to change					
Ability to adhere to professional boundaries					
Maturity					
Displays traits of civility with others					
Communication skills (verbal and written)					
Handles stress/anger appropriately					
Emotional stability					
Accepts responsibility for actions/behaviors					
Caring attitude					
Leadership potential					
Effectiveness in speaking					
Effectiveness in writing					

What do you consider to be the applicant's strengths for a professional nursing program?

What do you consider to be the applicant's challenges or areas for continued growth?

Your recommendation of this applicant to Tarleton State University for the nursing program:

- _____ Highly recommend (please comment):
- _____ Recommend
- _____ Recommend with reservations
- _____ Do not recommend (please comment):

Personal Comments: What do we need to know that would allow our staff (faculty, campus counselors, health center staff and other student support services staff) to be helpful to this applicant?

Person providing reference: _____ Date: _____
(Signature)

Please return the completed recommendation form in the envelope provided by the applicant, seal the envelope and sign your name across the seal and mail the reference directly to the nursing office: Tarleton State University, School of Nursing, Box T-0500, Stephenville, Texas, 76402.

Revised 4/28/16 JJY