

St. Joseph's College of Nursing  
at St. Joseph's Hospital Health Center  
Syracuse, New York

Confidential Recommendation

*Applicant: Please complete the following section*

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Pursuant to federal law, a student admitted to the College of Nursing is entitled to inspect the recommendation unless the student waives the right. The College of Nursing does not require a waiver as a condition for admission, receipt of financial aid, or receipt of any other services or benefits.

**Waiver**

*The Family Education Rights and Privacy Act permits us to request, but not require, that a student waive the right to inspect this recommendation. Be advised that the information contained on this form will be used to evaluate the student's eligibility for admission to St. Joseph's College of Nursing. **Should the student elect to waive the right to access and review this information please sign and date below:***

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

*Evaluator: Please complete the following section*

In what capacity have you known the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Estimate of applicant's future success at St. Joseph's College of Nursing:

Superior  Above Average  May Encounter Difficulty  Little Chance of Success

Overall Recommendation:  Enthusiastically Recommended  Recommend

Not Recommended  Prefer Not to Make a Recommendation

	<b>strong</b>	<b>average</b>	<b>weak</b>	<b>unable to evaluate</b>
Accountability/ Responsibility				
Communication Skills				
Critical Thinking				
Integrity				
Interpersonal Skills				
Leadership				
Learning Potential				
Self-Direction				
Stress Management				
Time Management				

Evaluator Remarks

*Please indicate any information relevant to the student's application to St. Joseph's College of Nursing*

Evaluator Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Agency Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_