



University of the District of Columbia Community College  
Division of Nursing, Allied Health, Life, and Physical Sciences  
Associate of Applied Science in Nursing (AASN) Program

## Nursing Recommendation Form

### **NOTE TO APPLICANT:**

Please type or print your name on the line marked *Name of Applicant* before giving this form to a current or recent employer, supervisor, teacher, or professor. ***Do not ask immediate family members or nursing faculty to complete this recommendation.*** Deliver or mail the forms and stamped envelopes to the two persons who will write the recommendations. Recommendations may be hand delivered with the application if the evaluator signs across the sealed envelope. **All recommendations are to be sent to:**

**Mr. Hector Mendoza Arias**  
**Student Navigator of the Division of Nursing, Allied**  
**Health, Life, and Physical Sciences**  
**Email: [hector.mendozaarias1@udc.edu](mailto:hector.mendozaarias1@udc.edu)**

**NOTE TO THE RECOMMENDER:** The student named below has applied for admission to the UDC PN Certificate Program. Please provide the Committee with an objective evaluation of the candidate by completing this recommendation form. *Please feel free to attach sheets if needed.*

**Applicant:** \_\_\_\_\_  
Last First Middle/Maiden

1) How long have you known the applicant and in what capacity?

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2) What do you consider to be the applicant's outstanding strengths [provide specific examples]?

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3) What do you consider to be the applicant's primary weaknesses [provide specific examples]?

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4) How do you rate this applicant?

| <b>INSTRUCTIONS:</b> |                             | <b>EXCELLENT</b> | <b>GOOD</b> | <b>AVERAGE</b> | <b>POOR</b> | <b>DO NOT KNOW</b> |
|----------------------|-----------------------------|------------------|-------------|----------------|-------------|--------------------|
| <b>1</b>             | Intellectual Ability        |                  |             |                |             |                    |
| <b>2</b>             | Conceptual Ability          |                  |             |                |             |                    |
| <b>3</b>             | Writing Skills              |                  |             |                |             |                    |
| <b>4</b>             | Oral Expression             |                  |             |                |             |                    |
| <b>5</b>             | Work Quality Under Stress   |                  |             |                |             |                    |
| <b>6</b>             | Organizational Skills       |                  |             |                |             |                    |
| <b>7</b>             | Adaptability                |                  |             |                |             |                    |
| <b>8</b>             | Accountability              |                  |             |                |             |                    |
| <b>9</b>             | Resourcefulness             |                  |             |                |             |                    |
| <b>10</b>            | Ability to Work with Others |                  |             |                |             |                    |
| <b>11</b>            | Emotional Stability         |                  |             |                |             |                    |
| <b>12</b>            | Creativity                  |                  |             |                |             |                    |
| <b>13</b>            | Dependability               |                  |             |                |             |                    |
| <b>14</b>            | Motivation                  |                  |             |                |             |                    |
| <b>15</b>            | Judgment                    |                  |             |                |             |                    |

5) Additional comments on rating:

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6) Check your overall recommendation with an "X" to indicate your rating of the applicant for nursing education?

Highly Recommended ☐  
Recommended ☐

Recommended with Reservations ☐  
Not Recommended ☐

7) Comments on the overall recommendation:

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8) RESPONDENT INFORMATION:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_