

Letter of Recommendation



WEST SUBURBAN COLLEGE OF NURSING • OFFICE OF ENROLLMENT MANAGEMENT
3 ERIE COURT • OAK PARK, ILLINOIS 60302 • 708.763.6530 • www.wscn.edu

(Please attach this form to the Letter of Recommendation and return to the Office of Enrollment Management)

This part to be completed by the applicant.

Last Name *First Name* *Middle* *Maiden Name (if applicable)*

Under the provisions of the Family Rights and Privacy Act of 1974, you may decide whether letters of recommendation written at your request are to be held confidential or whether they are to be available for your personal inspection.

I hereby waive access to this letter of recommendation. I do not waive access to this letter of recommendation.

I understand that the information provided in this letter may be used to decide admission to West Suburban College of Nursing.

Signature *Date*

This part to be completed by an academic advisor, instructor, employer, or someone other than a friend or relative who can comment on your academic background and character.

The person named above is applying to West Suburban College of Nursing. In your letter of recommendation, please address the student's strengths and areas for improvement. Also, please elaborate on any of the topics you rate below.

How do you know this applicant? _____

How long have you known this applicant? _____

Please rate the following:	Poor 1	Average 2	Good 3	Excellent 4	Unable to Judge
Intellectual ability, retention, and application of information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality and flexibility of thought. Command of written skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Command of verbal skills. Self-reliance, initiative, and dependability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills and application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ability to work with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Considering this applicant's academic record or work experience, special abilities, ambition, and determination, please indicate your recommendation:

Recommend Strongly Recommend Recommend with Reservation Cannot Recommend

Name (Please Print) *Signature* *Date*

Title *Organization* *Phone Number*