

Bachelor of Science in Nursing rev. 3.25.2024

Submit by:

Email: selectiveadmissions@olympic.edu

Mail: Olympic College Attn: BSN Admissions 1600 Chester Avenue

Bremerton, WA 98337-1699

Request for Recommendation

Statement		Excellent	Above Average	Average	Below Average	Not Known
Knowledge of nursing/healthca	are					
Applies knowledge to practice						
Implements new techniques a	nd knowledge					
Works well with others						
Leads others						
Manages/supervises others						
Contributes as a member of or	ganization					
Communicates effectively						
Works independently						
Overall, is competent in own s	pecialty					
Responsibility						
Adaptability						
Acceptance of feedback						
Ability to learn						

Under provisions of Public Law 93-380, the Family Educational Rights and Privacy Act of 1974, and under College guidelines pursuant to that Act, a student (defined as any person who has been officially admitted and registered at Olympic College) has the right to review recommendations made in his or her behalf unless the student waives this right at the time the recommendation is solicited. If you wish to

Date:

waive your right to review this recommendation, please indicate by signing here:

To the Applicant:

Applicant Signature:_

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Please add personal comments below:

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