

Submit by:

Email: selectiveadmissions@olympic.edu

Mail: Olympic College

Attn: BSN Admissions

1600 Chester Avenue

Bremerton, WA 98337-1699

Request for Recommendation

Applicant name: _____

TO THE RECOMMENDER:

The applicant named above is applying to the Bachelor of Science in Nursing program. As a part of the application process, performance in several areas is assessed. We appreciate your responses to the questions below.

Please describe the applicant's performance by checking one appropriate space for each area of performance.

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

Please add other comments as desired on the back of this sheet; attach additional pages as needed.

Recommender's Name (please print) _____

Signature

Position/Title

Date

Company

Phone Number

Relationship to Applicant

Years Known

To the Applicant:

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

Applicant Signature: _____ **Date:** _____

Please add personal comments below:

Submit by:

Email: selectiveadmissions@olympic.edu

Mail: Olympic College

Attn: BSN Admissions

1600 Chester Avenue

Bremerton, WA 98337-1699