FOUR YEAR BACHELOR OF SCIENCE IN NURSING PROGRAM
EVALUATION FORM

Office of Admissions/401 West Kennedy Blvd/Tampa, FL 33606-1490 USA/www.ut.edu
Tel: (813) 253-6211/Fax: (813) 258-7398/ Toll Free 888-MINARET (646-2738)
E-mail: admissions@ut.edu

FOR:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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I request that this evaluation be sent to The University of Tampa Office of Admissions with the understanding that it will be used in support of my admissions application.

I, ________________________________, (voluntarily waive) / (decline to waive)

(CIRCLE ONE)

my right under the Family Education Act of 1974 to review or examine this recommendation form.

Applicant’s Signature ________________________________ Date ________________________________

TO THE EVALUATOR:
The person whose name appears above is applying to the BSN Program at the University of Tampa and has asked you for a reference. This recommendation will be used solely for the evaluation of admission. The evaluation which is most helpful contains statements about the candidate’s possible deficiencies as well as strengths. We are grateful for your time and input.

In what specific capacity have you known the applicant?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

For how long?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe the applicant’s principal strengths:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What are the applicant’s primary weaknesses or liabilities?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How might these affect the applicant’s performance in nursing school?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Evaluate the applicant’s ability to communicate in oral and written form:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Check the appropriate box on each line which corresponds to your evaluation of the qualities listed. Mark “N/A” if unable to rate the quality.


Superior (Top 5%) Excellent (Top 15%) Good (Top 30%) Average (Middle 30%) Weak (Low 30%) N/A

Interpersonal Skills

Leadership Potential

Motivation & Initiative

Academic Skills

Indicate your overall evaluation of this applicant by checking one of the following:

Highly Recommend    Recommend    Recommend with reservations    Not recommended

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Name

Title

Organization

E-mail

Phone Number

Street Address

City

State

Zip

Signature

Date

Thank you for your time and evaluation of this candidate.