

University of Tampa Nursing Program Faculty Recommendation Form

Candidate Name: _____ Date: _____

Faculty Member Information:

Name: _____

Department: _____

Email: _____

1. How long and under what capacity have you known this student?

2. How would you rate this candidate in each of the following categories?

Category	1 Poor	2 Average	3 Above Average	4 Exceptional
Intellectual ability				
Maturity				
Self-motivation				
Integrity				
Organization				
Resilience				
Communication Skills (verbal and/or written)				

3. Please list below any additional comments you would like to share regarding this student's candidacy for the University of Tampa Nursing Program.

4. Indicate your overall evaluation of this applicant by selecting one of the following:

Highly Recommend	Recommend	Recommend with Reservations	Do Not Recommend

Completed forms should be delivered to Megan Hertz, BSN Admissions Counselor, Plant Hall 122, or emailed to admissions@ut.edu