



Fort Valley State University Department of Nursing is committed to preparing nursing professionals that will empower clients to take control of their health. This applicant is seeking admission to the nursing program. Applicants must have three professional recommendation forms submitted to the Department of Nursing by the posted deadline.

Deadline: 2/9/2024

Section I. Applicant

Please only complete Section I. You must then send to the individual you will be using as a reference to complete Section 2 and 3. Recommendation forms must be completed by a current or former faculty, supervisor, or academic advisor. Any recommendation form received from family, friends, or pastors will not be processed.

Name _____ Date _____

Email Address _____ Student ID# _____

Waiver Statement

I waive my right to review a copy of this recommendation form.

I DO NOT waive my right to review a copy of this recommendation form.

I understand that this form will only be used for admission to the nursing program.

Applicant Signature _____

Please complete Section II and III of this form. You must then submit the form by email to the email address listed at the bottom of page 2.

Section II. Reference

Name _____ Date _____

Employer _____ Position _____

Phone Number _____ Email Address _____

In what capacity have you known the applicant: Teacher/Instructor/Professor Advisor Supervisor
Other _____ (specify)

How long have you known the applicant: ___ <12 months ___ 1-2 year ___ 3-5 year ___ 6-10 years ___ 10+ years

Section III. Recommendation

Rate the applicant on the following criteria:

	Above Average	Average	Below Average	Not observed
Academic ability				
Motivation to learn				
Shows compassion and empathy				
Honesty and Integrity				
Team player				
Responds well to constructive criticism				
Seeks assistance with difficult task				
Time management skills				
Positive attitude				
Leadership potential				

Overall Impression

___ **Recommend**

___ **Recommend with reservation**

___ **Not recommended**

Comments

Printed name

Signature

Return form to
Email: nursing@fvsu.edu