



University of Bridgeport School of Nursing
Recommendation Form

To the Applicant: You will need two completed recommendation forms. They may be from a professor/teacher/instructor, and/or an employer/supervisor. Provide this form to the Referrer. Please print your name on the line below.

Applicant's Name

Check one of the following statements, and sign your name below:

- I waive my right of access to this recommendation/evaluation and recognize that it will remain confidential.
I do not waive my right of access to this recommendation/evaluation and will be able to see my evaluation.

Applicant's Signature

Date

To the Referrer: The Applicant is applying to the University of Bridgeport School of Nursing. Please complete this form (print or type) and return it to Admissions in a sealed envelope with your signature written across the closure. Thank you for your assistance.

Referrer's Name/Degree(s)

Position/Title

Knowledge of the Applicant: (Please check (✓) all that apply.)

I have known the Applicant for \_\_\_ Year(s) \_\_\_ Month(s)
I know the Applicant [ ] Very well [ ] Moderately well [ ] Slightly
Nature of my contact with the Applicant [ ] Academic [ ] Employment [ ] Other

Evaluation of the Applicant:

Table with 6 columns: Excellent, Good, Average, Below Average, No Basis for Comment. Rows include Judgment/Analytical Ability, Organizational Skills, Reliability/Responsibility, Integrity, Interpersonal Skills, Scholarship Potential, Initiative, Motivation, Teamwork, Empathy.

Overall Endorsement of the Applicant:

- Highly recommend [ ] Recommend [ ] Recommend with reservation [ ]

Additional Comments: (If necessary, please use an additional sheet of paper.)

Referrer's Signature

Date

New Applicants

Office of Admissions

Current Students

School of Nursing

Return to:

Martine Bernadel
126 Park Avenue
Bridgeport, CT 06604

Return to:

Sheniqua Ewers
169 University Avenue, Room 160-167
Bridgeport, CT 06604

P: 203-572-2025 F: 203-576-4941

P: 203-576-2345 F: 203-576-2380