

GRADUATE ACADEMIC RECOMMENDATION FORM

Holy Names University | 3500 Mountain Blvd., Oakland, CA 94619 | 800.430.1321 | www.hnu.edu

TO BE COMPLETED BY APPLICANT

FULL NAME

Last

First

Middle

Home phone number () _____ Email address _____

Program applying for _____

Privacy Notice: The Family Education Rights and Privacy Act (FERPA) allows you to have access to your evaluation after you matriculate unless one of the following occurs:

1. The college or university does not save evaluations after matriculation
2. You waive your access rights below

Yes, I DO waive my rights to access this evaluation

No, I DO NOT waive my rights to access this evaluation

SIGNATURE OF APPLICANT

DATE

TO BE COMPLETED BY THE RECOMMENDER

The person named above is an applicant for admissions to a graduate program at Holy Names University. To evaluate the applicant, please answer the following questions. We appreciate your insight and participation in the process.

How long and in what capacity have you known the applicant?

How well do you feel you know the applicant? Very well Fairly well Slightly

What are the applicant's strengths and weaknesses? Provide examples if possible.

How would you evaluate the applicant's probable academic ability with respect to a graduate level program?

In top 10%

Upper 25%

Upper 50%

Upper 75%

Lower 25%

Comments _____

How would you evaluate the personal characteristics of this applicant as they relate to his/her ability and effectiveness in functioning as 1) an advanced practice nurse or 2) a counselor following completion of the master's degree program? (If applicable)

In top 10%

Upper 25%

Upper 50%

Upper 75%

Lower 25%

Comments _____

PLEASE RATE THE APPLICANT USING THE CHART BELOW.

	Excellent	Above Average	Average	Below Average	Unknown
Self-awareness/insight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern and care for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional stability and maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation and initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creativity/originality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence/resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical skills/carefulness in work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional commitment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work with colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership ability and skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexibility and openness to change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work with diverse clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social awareness and concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitivity to diversity issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to hear and utilize feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral communication ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written communication ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are grateful to you for the time and care you have taken in completing the evaluation. If you wish to provide additional information and feedback, please attach an additional statement.

Return all materials in a sealed envelope to:

Holy Names University, Office of Admissions, 3500 Mountain Blvd. Oakland, CA 94619. You may also email us at admissions@hnu.edu or fax us the form at 510-436-1325

Name _____

Position/Title _____

Institution or Affiliation _____

Business Address _____

Daytime Phone () _____

I certify that all information submitted in this form is my own work, factually true, and honestly presented. Please note all recommendations are subject to verification of authenticity without notice. Any attempt to fraudulently complete the recommendation will impact the candidate's potential recommendation.

<p>_____ SIGNATURE OF RECOMMENDER</p>	<p>_____ DATE</p>
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