

BRAZOSPORT NURSING PROGRAM
Applicant Recommendation Form

APPLICANT: COMPLETE THIS BOX

Print Applicant Name:	Date:
Print Name and Title of Recommender:	

Applicant: Complete above box, seal this form with a stamped return envelope addressed to:
 Brazosport College
 500 College Drive, Lake Jackson, TX 77566
 Health Professions Division

Mail or deliver this recommendation form, the addressed and stamped return envelope within a sealed envelope addressed to the individual providing the recommendation. Applicants are responsible for timely return of recommendation forms. Applicants should speak directly with individual providing reference and not the Nursing Program.

Recommender: circle one option in each box (circle and initial). Return to shari.jones@brazosport.edu or mail in envelope provided and place signature across envelope seal.

I DO or DO NOT grant permission, the completed recommendation form be available to applicant for review.
I HAVE OR HAVE NOT discussed this completed recommendation form with the applicant.

This applicant is seeking admission to a professional nursing program. Professional nurses provide health care to individuals and families across the life span, during crises, joy, death, injury, and every facet of life. Nurses must be competent, compassionate, non-judgmental, and ethical. **Thank you** for taking the time to complete this valuable part of the application process.

Please rate the applicant using the following scale. Explanatory or clarifying comments are appreciated.

1= N/A = No Basis for Judgment 2= Unsatisfactory 3 = Satisfactory 4 = Above Average 5= Outstanding					
Demonstrated academic success	1	2	3	4	5
Responsible for learning	1	2	3	4	5
Ability to cope with extended periods stress	1	2	3	4	5
Respect for others' privacy	1	2	3	4	5
Communication Skill	1	2	3	4	5
Working as a team member	1	2	3	4	5
Suitability for nursing career	1	2	3	4	5
Integrity	1	2	3	4	5

Sign Name: _____ Title: _____ Date: _____
 Contact Information: (email or phone) _____