School of Nursing Evaluation Form

Section I: To be completed by the applicant.

Applicant’s name ____________________________________________________________
Last First Middle

I request that ___________________________________________________________ complete this evaluation.
I understand that the information will be used by Conemaugh to assist in determining my aptitude for professional nursing.

Waiver

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission. Please sign only one of the lines below.

A. I waive the right to see this evaluation. ____________________________________________
   Signature ___________________________________ Date _____________________________

B. I retain the right to see this evaluation. __________________________________________
   Signature ___________________________________ Date _____________________________

Conemaugh School of Nursing is committed to equal opportunity and does not discriminate against qualified persons on the basis of race, color, religion, sex, age, national origin, ancestry, veteran status or disability in its educational admission policies, financial aid, student activities, and services.

Section II: To be completed by the evaluator.

The applicant is a candidate for admission to Conemaugh School of Nursing. Your comments on the reverse side will be utilized by the Admission Committee to gain a better understanding of the applicant's strengths and weaknesses.

Please return this evaluation form to: Conemaugh School of Nursing, Attn: Admissions Office, 1086 Franklin Street, Johnstown, PA 15905-4398.
What do you consider to be the chief strengths of the applicant that would lead to success in the nursing profession?

Please identify any characteristics of the applicant that would hinder success in the nursing profession.

Additional comments:

Please indicate your recommendation of the applicant:

_____ Strongly recommend

_____ Recommend

_____ Recommend with reservation

_____ Do not recommend

Date ____________________ Signature ____________________ Relationship to the applicant ____________________

How long have you known the applicant? ____________________