



# Academia School of Nursing

3191 West Broad Street. Columbus, OH 43204

Phone: (614) 279-4900 Fax: (614) 888-4244

www.academiason.com

**PROFESSIONAL  
RECOMMENDATION**

**(Must be completed by someone who has known the applicant in a professional setting)**

**Applicant Name**

--	--	--

**Your Name**

**Company/Agency**

**Position/Title**

--	--

**Address**

**Phone**

How long have you known this applicant?	
In what capacity?	
In your opinion is the applicant qualified for admission into the health care program?	
Please Explain.	
What qualities do you feel the applicant possesses that would make him or her a quality student in Health Care Program?	
In what areas do you feel that the applicant could use some improvement?	
Additional comments?	

This program requires initiative and the ability to work alone or in groups. Please rank the following criteria for the applicant by checking the applicable box.

	High	Medium	Low	N/A	Comment
<b>Shows initiative in work</b>					
<b>Ability to speak clearly</b>					
<b>Ability to work in groups</b>					
<b>Ability to learn independently</b>					

Comments:

--	--

**Signature**

**Date**