

**Recommendation Form
Capital Nursing Accelerated Program (C-NAP)**

Section I: This section to be completed by the applicant:

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is indicated below. Failure to sign will constitute acceptance of limited access. This waiver is effective insofar as the recommendation is used solely for the purpose of admission.
___ I do waive ___ I do not waive my right to inspect the contents of the following recommendation.

Signed _____ Date _____

Name of Applicant _____
(Print) Last First Middle Date of Birth

Address _____

(City) (State) (Zip Code)

Applicant's Signature _____ Date _____

Section II: Information for the person serving as the applicant's reference:

The above named person has made application for accelerated study leading to the Bachelor of Science in Nursing (B.S.N.) degree, Capital University School of Nursing. As a part of the admissions process, candidates are asked to seek the recommendations of those familiar with their work, and can speak for their professional acumen.

1. What is your relationship with the applicant?
 - a. Current/Former Teacher/Professor or Academic Administrator
 - b. Current Employer/Supervisor
 - c. Current Professional Colleague

2. Do you know the applicant well enough to give him/her a recommendation? Yes No
(If you checked NO, you do not need to complete the rest of this form, unless you are an Academic Administrator providing the reference based on the applicant's past academic record.)

TO THE RECOMMENDER: The individual above is applying for admission to the Capital Nursing Accelerated Program (C-NAP). This is a compressed, professional nursing program admitting only individuals who hold baccalaureate degrees in other fields. The program leads to the Bachelor of Science in Nursing and eligibility to seek licensure to practice as a registered nurse. It is important that the individual being admitted has the capabilities necessary to successfully complete a program with a high degree of academic rigor. To that end, it is requested that you complete the summary evaluation on the following page to the best of your ability.

Thank you for taking the time to complete this reference. Return to:

**Capital University
Admissions Office
1 College and Main
Columbus, OH 43209-2394**

**admissions@capital.edu
www.capital.edu
(614) 236-6101
1-866-544-6715
Fax: (614) 236-7947**

SUMMARY EVALUATION: Please circle a number that represents the applicant's demonstration of the applicant's ability or quality. Circle the check mark if not observed.	Outstanding	Above Average	Average	Not Observed
Intellectual Curiosity – Raises meaningful questions & seeks answers.	3	2	1	✓
Problem Solving Ability – Uses a systematic approach to identify and solve problems.	3	2	1	✓
Decision Making Ability – Considers alternatives and consequences; takes action.	3	2	1	✓
Communication – Expresses ideas logically and succinctly, verbally & in writing.	3	2	1	✓
Self-Direction – Plans & executes actions independently.	3	2	1	✓
Open-Mindedness – Thoughtfully considers new and different ideas.	3	2	1	✓
Toleration of Ambiguity – Able to function without rigidly defined, imposed structure.	3	2	1	✓
Reliability – Follows through on commitments.	3	2	1	✓
Accountability – Accepts responsibility for own decisions & actions.	3	2	1	✓
Cooperation – Works collaboratively with peers and others.	3	2	1	✓
Work Under Stress – Able to accomplish goals in stressful situations.	3	2	1	✓
Integrity – Demonstrates behavior consistent with accepted ethical standards.	3	2	1	✓

Please include any additional comments below:

Section III: To be completed by the person serving as the applicant's reference:

Name & Credentials _____

(Please Print)

Title _____

Place of Employment _____

Address/Contact Information _____

(City)

(State)

(Zip Code)

(Phone)

(e-mail address)

Length of time you have known applicant _____

Signature _____ Date _____