



University of the Southern Caribbean

School of Sciences & Technology

Nurse Education Department

RECOMMENDATION FORM

September/
January
Intake

Two references MUST be obtained. One by a Religious Advisor and the other by a Teacher/Educator/Former Employer.

Name of Applicant: _____

Last Name

First Name

Middle Name

Maiden Name

Address: _____

To the person completing this form – The student whose name appears on this form is applying for Admissions to the University of the Southern Caribbean. Your evaluation of the applicant's fitness for acceptance by this University will be greatly appreciated. **ALL** information given will be treated with strict CONFIDENCE.

*PLEASE USE A CHECK MARK (✓) TO INDICATE
YOUR OPINION OF THE APPLICANT*

<i>CHARACTERISTIC</i>	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>No Opportunity to Observe</i>
<i>SPIRITUAL</i> Evidence of Christian Conversion Involvement in religious activities Moral stability Spiritual commitment
<i>PHYSICAL</i> General health condition
<i>MENTAL</i> Ability to do university work Academic motivation All round promise as a student Emotional stability Industriousness
<i>SOCIAL - CULTURAL</i> Ability to get along with others Courtesy Genuineness Honesty Leadership ability Dependability Deportment Personal appearance Punctuality Positive influence

How long have you known the applicant?
 Does the applicant, to your knowledge, use tobacco? Alcohol? Illegal Drugs?
 Please give any additional information which may be helpful in assessing the individual

Specific Recommendation: Recommended Not Recommended for this University Recommended with reservation

Name: Title or Profession:
 Address:
 Signature: Date: