



Kathleen M. Burke PhD, RN
 Assistant Dean, Nursing Programs
kmburke@ramapo.edu

505 Ramapo Valley Road
 Mahwah, NJ 07430
 (P) 201-684-7737 (F) 201-684-7954

RECOMMENDATION FORM

To the Applicant: Please complete the following:

Name: _____
Last First Middle

The applicant should sign and date one of the following statements:

- I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's Signature _____ *Date* _____

- I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature _____ *Date* _____

Please rate the applicant on the qualities that you feel you can judge:

- O** - Outstanding
- MS** - More than Satisfactory
- SAT** - Satisfactory
- NI** - Needs Improvement
- U** - Unsatisfactory
- NO** - Not observed or no basis for judgement

	O	MS	SAT	NI	U	NO
Application of Knowledge						
Decision Making Skills						
Analytical Skills						
Conceptual Skills						
Communication Skills						
<i>Oral</i>						
<i>Written</i>						
Interpersonal Skills						
<i>Peers/Co-Workers</i>						
<i>Teachers/Supervisors</i>						
Organizational Ability						
Leadership Ability						
Initiative						
Adaptability						
Motivation						
Dependability						
Ability to Work Independently						
Ability to Assume Responsibility						
Judgment						

