

IV. Comments

Please elaborate on any of the previous ratings or add further comments that may be of help in our evaluation of this applicant. Include the applicant's major strengths and weaknesses as a potential nurse. (Use additional sheet if needed.)

V. Recommendation summary

Highly recommend <input type="checkbox"/>	Recommend with confidence <input type="checkbox"/>	Recommend with reservations <input type="checkbox"/>	Do not recommend <input type="checkbox"/>
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Reference signature _____ Date _____

The Nursing Department greatly appreciates your time and thoughtful assessment of the ASN Program candidate's academic and professional aptitude. Please return by June 15th via mail, fax, or e-mail.

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