

Health and Community Services

Professional (NO PERSONAL) Recommendation Form

Applicant's name (Print): _____

This evaluation will be considered confidential unless otherwise noted below:

- _____ I (applicant) retain all rights to review this recommendation.
 _____ I (applicant) do not retain my rights to review this recommendation

I am applying for the following program:

- _____ ADN _____ ADN Transition _____ Vocational Nursing
 _____ Emergency Medical Services Professions _____ Echocardiography

 Applicant signature

 Date

Applicant: References that are mailed directly from the evaluator will be the **only** references that will be considered acceptable.

Thank you for your time in the evaluation of this applicant. All information received will be part of the admission criterion for selection of all qualified applicants.

Evaluator - Please mail directly to either location:

- Hillsboro Location: Hill College, Health and Community Services, 112 Lamar Dr., Hillsboro TX 76645
 Cleburne Location: Hill College, Health and Community Services, 2112 Mayfield Parkway, Cleburne TX 76033

I have known this applicant for: _____ year(s) _____ month(s)

Relationship to applicant: ___ Employer/Supervisor ___ Co-Worker ___ Professor _____ Other

Please rate the above applicant in each of the categories below:

Above Average = 3 Average = 2 Below average = 1 No Comment = 0 **Not Applicable = NA**

Writing skills	3	2	1	0	NA	_____
Oral communication	3	2	1	0	NA	Evaluator Name
Analytical skills	3	2	1	0	NA	_____
Initiative /Leadership Skills/Perseverance	3	2	1	0	NA	Title
Punctuality/Responsibility	3	2	1	0	NA	_____
Organization/Participation	3	2	1	0	NA	Mailing Address
Overall academic or work ethics	3	2	1	0	NA	_____
						City/State/Zip

						Email

						Telephone number:

						Signature
Professional Appearance/Attitude?	Yes		NO		NA	

Any further comments that you feel will better describe this candidate's suitability as a candidate for possible selection into the Hill College Health and Career program are encouraged and can be included on the back of this form.