

Hill College  
ADN Program  
**Recommendation Form**

Applicant's name: \_\_\_\_\_

I am applying for admission in the Hill College ADN Nursing program at Hill College. 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

\_\_\_\_\_  
Applicant signature \_\_\_\_\_  
Date

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

**Evaluator** (Please mail directly to the Hill College, ADN Nursing Program, 112 Lamar Dr., Hillsboro TX 76645. All areas must be completed.)

How long have you known this applicant? \_\_\_\_\_

In what capacity have you know this applicant? Employer \_\_\_\_\_ Personal \_\_\_\_\_ Instructor \_\_\_\_\_

**Evaluator, please rate the above applicant in each of the categories below:**

	Excellent = 5	Above Average = 4	Average = 3	Below average = 2	Poor = 1	No Comment = 0	
Organization	5	4	3	2	1	0	
Writing skills	5	4	3	2	1	0	_____ Evaluator Name and Title
Oral communication	5	4	3	2	1	0	
Analytical skills	5	4	3	2	1	0	_____ Mailing Address
Initiative	5	4	3	2	1	0	
Independence	5	4	3	2	1	0	_____ City/State/Zip
Maturity	5	4	3	2	1	0	
Perseverance	5	4	3	2	1	0	_____ Email
Punctuality	5	4	3	2	1	0	
Overall academic ability	5	4	3	2	1	0	_____ Telephone number:
Character	5	4	3	2	1	0	
Professional appearance	5	4	3	2	1	0	_____ Signature

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

**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**