



6301 Riverdale Avenue
 Riverdale, NY 10471
 718.405.3322
 www.mountsaintvincent.edu/spcs

Professional Appraisal of Applicant

To be completed by Applicant:

Name _____ Social Security No. _____

Anticipated starting date: _____ Concentration _____

I release my rights to view this recommendation, now and in the future.

I do not release my rights to view this recommendation.

Signature _____

To be completed former/ current supervisor, academic advisor, or instructor:

The above candidate has applied for admission to the College of Mount Saint Vincent seeking a Bachelor of Science in Nursing (BS). We would greatly value your appraisal of his/ her abilities, either in response to the questions on this form or in a separate letter. Your prompt response will be appreciated by both the candidate and the College.

Describe the length and nature of your relationship with the applicant: _____

Please rate the applicant in relation to others with whom you have worked in a similar capacity:

	No Basis for judgement	Below Average (Lowest 40%)	Average (Middle 20%)	Good (Next 15%)	Very Good (Next highest 15%)	Outstanding (Highest 10%)	Exceptional
Native Intelligence (analytical powers, rigor of thought, critical facility, reasoning ability)							
Independence of Thought (originality, imagination, creative intelligence)							
Effectiveness of Communication: Oral							
Effectiveness of Communication: Written							
Industry and Motivation (persistence, self-discipline)							
Judgement and Maturity (conscientiousness, common sense)							
Leadership Ability							
Work Results/ Effectiveness							

Additional Comments: _____

(You may attach a more detailed reference to this form.)

Signature _____ Date _____

Print Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____