

# Howard Payne University School of Nursing

## Faculty Recommendation for Admittance into the HPU School of Nursing

Applicant Name (please print): \_\_\_\_\_

I hereby waive my right to have access to this recommendation form.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Rate this individual in terms of the qualities listed below by checking the appropriate spaces.

Characteristics	Superior	Good	Fair	Poor	No Basis for Judgment
Intellectual Ability					
Accountability					
Emotional Stability					
Attitude					
Motivation					
Ability to Get Along with Others					
Ethical Behavior					
Self Confidence					
Maturity					
Initiative					

2. Do you have confidence in this individual's integrity? \_\_\_ Yes or \_\_\_ No

Explain Briefly

\_\_\_\_\_

3. Indicate below your overall recommendation of this individual.

Recommend or Do Not Recommend

Comments:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please scan and email the completed form to klee@hputx.edu or mail the completed form.

\*Note: Applicant please provide a stamped envelope addressed to the HPU School of Nursing, 1000 Fisk Street, Brownwood, TX 76801