

**TO BE COMPLETED BY APPLICANT**

Name \_\_\_\_\_  
SALUTATION LAST FIRST MIDDLE INITIAL

Email \_\_\_\_\_ Phone \_\_\_\_\_

I hereby waive any rights to examine this recommendation form. I understand that Bay Path University will hold this information in confidence.

**► APPLICANT'S SIGNATURE****TO BE COMPLETED BY THE RECOMMENDER**

Recommender \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

1. How long and in what capacity have you known the applicant?

2. Are you aware of the applicant's academic record? Yes No

3. Do you believe that the applicant is prepared academically for the challenges of the ASN program? Yes No

4. Do you feel the applicant is prepared emotionally for the challenges of the ASN program? Yes No

5. Please rate the applicant in each of the following areas:

	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO JUDGE
Written communication skills					
Oral communication skills					
Quantitative skills					
Problem-solving skills					
Decision-making skills					
Computer skills					
Ability to work with others					

6. Do you consider the applicant's achievements thus far to be a true indication of their ability? Yes No  
Please explain your response:

7. Summary Evaluation: Please indicate your overall recommendation for this applicant:

Highly recommend

Recommend

Recommend with reservations

Do not recommend

8. Please provide a written evaluation of the applicant for the ASN Admissions Committee. Your candid assessment of the applicant's potential for success both academically and professionally is most helpful to the committee in its selection process. If your recommendation exceeds the length of this text box, please attach a separate letter via Word document or PDF in addition to this form.

► **RECOMMENDER'S SIGNATURE**

► **DATE**

**SUBMIT YOUR RECOMMENDATION FORM**

Please email your recommendation form to [admiss@baypath.edu](mailto:admiss@baypath.edu).