

**COLLEGE OF NURSING - OFFICE OF PRE NURSING ADVISING**

**RECOMMENDATION FOR UPPER-DIVISION CLINICAL ADMISSION**

**APPLICANT INFORMATION**

**PLEASE TYPE OR PRINT CLEARLY**

**Two** LETTERS OF RECOMMENDATION ARE REQUIRED FOR ADMISSION CONSIDERATION. YOUR RECOMMENDATIONS SHOULD COME FROM INDIVIDUALS WHO CAN SPEAK TO YOUR PERSONAL CHARACTER AND POTENTIAL FOR ACADEMIC SUCCESS AT PRAIRIE VIEW A&M UNIVERSITY COLLEGE OF NURSING. ONLY FEEDBACK FROM PROFESSIONALS, HIGH SCHOOL TEACHERS/OFFICIALS, AND/OR COLLEGE INSTRUCTORS/OFFICIALS WILL BE ACCEPTED. COMPLETE THIS SECTION AND SIGN BELOW. **EMAIL** THIS FORM TO THE "PROFESSIONAL EMAIL ADDRESS" OF THE PERSON WHO YOU HAVE ASKED TO RECOMMEND YOU. **RECOMMENDERS CAN SUBMIT THEIR LETTERS IN ONE OF TWO (2) WAYS: 1) VIA EMAIL TO [PNUR@PVAMU.EDU](mailto:PNUR@PVAMU.EDU) OR; 2) BY MAILING IT DIRECTLY TO THE OFFICE OF PRE-NURSING ADVISING, PO BOX 519, MS 2725, PRAIRIE VIEW, TX 77446.**

**APPLICANT'S NAME** \_\_\_\_\_ **STUDENT ID#** \_\_\_\_\_

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, YOU CAN WAIVE YOUR RIGHT TO INSPECT THIS RECOMMENDATION BY SIGNING THE STATEMENT BELOW. SHOULD YOU DECIDE NOT TO WAIVE THE RIGHT, YOU WILL HAVE ACCESS TO THE RECOMMENDATION ONLY IF YOU ENROLL IN THE GRADUATE SCHOOL AT PRAIRIE VIEW A&M UNIVERSITY.

*I hereby waive my right of access to this recommendation*

**Entering the last 4 Digits of your SSN above, will serve as your signature**

Date \_\_\_\_\_

**PLEASE RATE THE APPLICANT ON THE FOLLOWING CRITERIA**

CRITERIA	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	UNABLE TO RATE
ACADEMIC ACHIEVEMENT						
EFFORT/DETERMINATION						
ORGANIZATION						
CONCERN FOR OTHERS						
HONESTY/INTEGRITY / CHARACTER						
MATURITY						
RESPONSIBILITY						
RESPECT ACCORDED BY FACULTY						
RESPECT ACCORDED BY PEERS						
EMOTIONAL STABILITY						
INTERPERSONAL SKILLS						
ORAL SKILLS						
WRITING SKILLS						
QUANTITATIVE SKILLS						
CRITICAL THINKING SKILLS						
ABILITY TO WORK INDEPENDENTLY						
WILLINGNESS TO TAKE INTELLECTUAL RISKS						
MOTIVATION						
CREATIVE ORIGINAL / THOUGHT						
INITIATIVE / LEADERSHIP						

**I recommend this student:**

☐ **Without Reservations**

☐ **With Reservations**

# PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

## COLLEGE OF NURSING - OFFICE OF PRE NURSING ADVISING RECOMMENDATION FOR UPPER-DIVISION CLINICAL ADMISSION

Please see reverse for additional information

### INFORMATION TO RECOMMENDERS

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS RECOMMENDATION FORM.

PLEASE INCLUDE ANY INFORMATION THAT YOU THINK WILL ASSIST US IN EVALUATING THIS STUDENT'S POTENTIAL FOR SUCCESS AT PRAIRIE VIEW A&M UNIVERSITY COLLEGE OF NURSING. YOUR RECOMMENDATION LETTER CAN BE SUBMITTED IN ONE OF TWO (2) WAYS: 1) VIA EMAIL TO [PNUR@PVAMU.EDU](mailto:PNUR@PVAMU.EDU) OR; 2) BY MAILING IT DIRECTLY TO THE OFFICE OF PRE-NURSING ADVISING, PO Box 519, MS 2725, PRAIRIE VIEW, TX 77446.

### COMMENTS:



Recommended by: \_\_\_\_\_  
(Please type or Print Clearly)

Signature: \_\_\_\_\_  
(Digital Signatures Accepted)

Title: \_\_\_\_\_ School / Dept. \_\_\_\_\_

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