

5. Please rate the applicant according to the following characteristics based on your contact with him (her).

	Above Average	Average	Below Average	Not Applicable
a. Maturity				
b. Integrity				
c. Ability to relate to peers				
d. Ability to relate to those in authority				
e. Ability to accept responsibility				
f. Ability to accept constructive criticism				
g. Ability to be self directing				

6. If rated below average, please comment.

7. Do you recommend this person for admission?

Date _____ Signature _____

Print Name _____

Position _____

Address _____

Address _____

Phone # _____

RETURN THIS FORM DIRECTLY TO: REGISTRAR
 CITIZENS SCHOOL OF NURSING
 651 FOURTH AVENUE
 NEW KENSINGTON, PA 15068

WEB SITE: WPAHS.ORG
 E-MAIL: CSON@WPAHS.ORG