



	Above Average	Average	Below Average	Not Applicable
5a. Maturity				
5b. Integrity				
5c. Ability to relate to peers				
5d. Ability to relate to those in authority				
5e. Ability to accept responsibility				
5f. Ability to accept constructive criticism				
5g. Ability to be self directing				

6. Additional comments: (Such as strengths, weaknesses or other information which the Admissions Committee should consider in making this decision.)

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

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 E-MAIL: CSON@WPAHS.ORG