

RECOMMENDATION FORM #1

Two letters of recommendation are required. The following are examples of acceptable recommendations: employer, professor, advisor, high school teacher, counselor, volunteer coordinator, coach and/or clergy.

Please print the following information:

Student's Name _____ Last _____ first _____ middle _____ maiden _____

Name of Reference (person completing this reference form) _____

The student named above has made application to the Abington Memorial Hospital, Dixon School of Nursing. Please complete the information below, sign and return to the Abington Memorial Hospital Dixon School of Nursing, 2500 Maryland Rd, Suite 200, Attn: Admissions, Willow Grove, Pa 19090.

Please rate this student on the qualification listed, using a "✓" Mark:

	Excellent	Good	Average	Needs Guidance	Not Observed
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral/Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Self-Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have known _____ in the capacity of _____

I would recommend / not recommend this applicant because: _____

Signature of Person Completing Recommendation _____

Date _____

RECOMMENDATION FORM #2

Two letters of recommendation are required. The following are examples of acceptable recommendations: employer, professor, advisor, high school teacher, counselor, volunteer coordinator, coach and/or clergy.

Please print the following information:

Student's Name _____ Last _____ first _____ middle _____ maiden _____

Name of Reference (person completing this reference form) _____

The student named above has made application to the Abington Memorial Hospital, Dixon School of Nursing. Please complete the information below, sign and return to the Abington Memorial Hospital Dixon School of Nursing, 2500 Maryland Rd, Suite 200, Attn: Admissions, Willow Grove, Pa 19090.

Please rate this student on the qualification listed, using a "✓" Mark:

	Excellent	Good	Average	Needs Guidance	Not Observed
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral/Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Self-Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have known _____ in the capacity of _____

I would recommend / not recommend this applicant because: _____

Signature of Person Completing Recommendation _____

Date _____