

AGA KHAN UNIVERSITY

BScN PROGRAMME RECOMMENDATION FORM

(TO BE FILLED BY SUPERVISOR/DEPARTMENTAL HEAD)

Name of applicant: _____

This applicant is interested in admission to our BScN Programme. We appreciate your evaluation in the following areas:

	Excellent	Above Average	Average	Below Average	Not Known
Clinical Nursing Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<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"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<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"/>

Please add any comments that will help us better understand this applicant:

Please indicate the strength of your overall endorsement of this applicant for admission to the BScN programme:

Highly Recommended Recommended with Reservation

Recommended Not Recommended

Name: Position:

Organization:

Postal address: Phone:

Signature: Date:

Please place the recommendation form in the envelope provided. Seal the envelope and sign your name across the seal or stamp and return it to the applicant.