

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 or send the scanned recommendation form to admissions.ke@aku.edu