

**AGA KHAN UNIVERSITY  
KRCHN  
RECOMMENDATION FORM**

**(TO BE FILLED BY SUPERVISOR/DEPARTMENTAL HEAD)**

**Name of applicant:** \_\_\_\_\_

This applicant is interested in admission to our KRCHN 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 KRCHN 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.