

**Aga Khan University  
School of Nursing and Midwifery  
Post RN BScN Programme**

Name _____	Application Number _____
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Dear Referee

The above named student has applied for admission to our Post RN BScN programme. In order to be fair to all our candidates, we are requesting you to complete this evaluation form to help the admission committee in making a decision.

S.#	Criteria	Excellent	Good	Average	Fair	Poor	NA*
1.	<b>Communication skills:</b> (written and oral communication including ability to express ideas, clarity of presentation)						
2.	<b>Leadership ability:</b> (responsibility, accountability, planning, organizing, delegating tasks, coordination)						
3.	<b>Nursing knowledge and skills:</b> (technical skills, application of knowledge, problem solving, judgement and decision making)						
4.	<b>Interpersonal relationship</b> with patients, peers, and other authorities						
5.	<b>Commitment to the nursing profession:</b> (motivation, positive attitude, participation in professional activities, professional; development)						
6.	<b>Overall Rating</b>						

\*NA: unknown, unable to evaluate

7. To what extent do you support this applicant?

Highly recommended  
  recommended  
  recommended with reservations  
  not recommended

8. Please explain the reasons as indicated in (7) above and any additional comments about the candidate.

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*(Please add a separate sheet if necessary)*

9. How long have you known this candidate and in what capacity: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Name and address of Institution: \_\_\_\_\_

**Note:** we would appreciate if you could seal and mail this letter in the envelope by **August 18, 2023**. Your support is requested as without this, the candidate's application will not be processed for final selection.

**To:**  
 Office of the Registrar  
 Post-RN BScN Programme  
 Admission Office - School of Nursing and Midwifery  
 Aga Khan University, Stadium Road, Karachi 74800 - Pakistan  
 Tel: +92 21 34865406