



Graduate and Continuing Studies

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# Evaluation of Applicant's Performance and Potential Master of Science Degree in Nursing

## To the recipient:

Graduate and Continuing Studies  
1700 South Main Street  
Goshen, IN 46526  
adult@goshen.edu

## To the applicant:

**Please complete the upper portion of the evaluation form. Give this form to a person familiar with your academic and/or employment record**

*Applicants to Goshen College are selected in accordance with nondiscriminatory practice.*

Name of applicant: \_\_\_\_\_  
Last First Middle or Birth Name

Address: \_\_\_\_\_  
Street/Route/Post office box City State/Province ZIP/Postal code Country

*Pursuant to federal law, a student admitted to the Department of Nursing is entitled to inspect the evaluation in his/her file, unless the student has signed a waiver of this right of access. However, the department does not require a waiver as condition for admission, receipt of financial aid or receipt of any other services or benefits from the department. Applicants submitting names of individuals for letters of recommendation, therefore, are free to determine whether or not they wish to waive their potential right to examine such evaluations.*

## Waiver

*The Family Education Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. This right, which we request that you waive, would arise if you were an enrolled student at Goshen College and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to the Goshen College Department of Nursing. If you elect to waive your rights of access to and review of this information, please sign your name.*

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's signature

Evaluator's name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The named applicant is a candidate for admission to the Goshen College Department of Nursing Master of Science in Nursing Program. We would appreciate your evaluation of the applicant's performance and potential for success in an advanced role in nursing. Your comments will be used by the faculty members of the Department of Nursing to help them arrive at a better understanding of the applicant. Your cooperation in completing and promptly returning this form will assist both the applicant and the Department of Nursing.

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

In comparison with other students you have taught or other employees with whom you have worked or supervised, place an "X" in the box that most accurately reflects how you rate the applicant in the following characteristics:

	Outstanding	Very good	Average	Below average	Unable to evaluate
Critical thinking skills					
Interpersonal skills					
Clinical proficiency					
Nursing leadership					
Perseverance in pursuing goals					
Ability to work independently					
Ability to collaborate					
Communication skills					
Integrity					
Judgment					

Please comment on the applicant's academic performance, accomplishments, clinical leadership and professional character.

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Do you think this applicant is prepared to succeed in graduate studies in nursing?  Yes  No

Please explain: \_\_\_\_\_

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Additional comments: \_\_\_\_\_

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*If desired, a separate sheet of paper with additional comments may be attached.*

Please indicate the confidence with which you would or would not recommend the applicant for admission to the Master of Science Degree in Nursing Program at Goshen College.

Strongly recommend     Recommend     Recommend with reservations     Do not recommend

*If the applicant's signature appears at the end of the paragraph identified as "waiver" on the reverse side of this form, you can be assured that your evaluation will not be reviewed by the applicant. If the applicant has not signed the waiver and enrolls in the Goshen College Department of Nursing, then the applicant will have the right to review your evaluation upon request.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name