

**Caring for Our Own Program  
RECOMMENDATION FORM**

(To be completed by a teacher or someone who can attest to academic background and goals)

**Student's Information**

Montana State University  
Caring for Our Own Program  
P.O. Box 173560  
Bozeman, Montana 59717-3560



\_\_\_\_\_ (Student's Last Name)

\_\_\_\_\_ (Student's First Name)

\_\_\_\_\_ (Student's Middle Initial)

***Please complete, then print & sign this form. Return to the CO-OP office in a sealed envelope with your signature over the seal.***

1. Please rate the applicant in each attribute/skill listed below compared to other students with whom you have worked.

Attributes/Skills	No Basis to Judge	Poor	Below Average	Average (Top 30%)	Excellent (Top 10%)
Critical Thinker					
Oral Expression					
Written Expression					
Motivation/Initiative					
Emotional Maturity					
Professionalism					

2. How long have you known the applicant and in what capacity? (Give dates, and schools if possible.)

3. What are the applicant's greatest strengths and weaknesses with regard to academics, sciences or other characteristics relative to academic success?

4. Please provide any additional comments and/or assessment of the applicant's potential for success in a rigorous nursing program. We appreciate your candid appraisal.

5. Recommendation concerning selection for CO-OP (check one):

I recommend the applicant with confidence.

I recommend the applicant with reservation.

I recommend the applicant.

I do NOT recommend the applicant.

**Evaluator's Signature:** \_\_\_\_\_ Phone: \_\_\_\_\_

Evaluator's Name (printed): \_\_\_\_\_

Position/Title: \_\_\_\_\_ Date: \_\_\_\_\_