TU | Nursing
TOWSON UNIVERSITY.

Name of Student:

Name of Individual Completing the Recommendation:

Title/Affiliation:

Role in which you knew the student:

(If instructor, please specify the course(s) taught)

Dates you knew the student:

Please rate the candidate on the academic and interpersonal characteristics listed below using a scale of 1 (very weak) to 5 (very strong). Provide comments to clarify or support any ratings of very strong (5), weak (2), or very weak (1) in the comment field on page 2.

Academic Strengths					
CHARACTERISTIC	**VERY STRONG**	**STRONG**	**AVERAGE**	**WEAK**	**VERY WEAK**
Information Processing	5	4	3	2	1
Critical Thinking	5	4	3	2	1
Time Management	5	4	3	2	1
Ability to successfully manage a rigorous curriculum.	5	4	3	2	1
TOTAL SCORE *(Department use only)*					

(Use only if needed to clear previously made selections.)

Interpersonal Skills					
CHARACTERISTIC	**VERY STRONG**	**STRONG**	**AVERAGE**	**WEAK**	**VERY WEAK**
Maturity Willingness to seek help and accept feedback.	5	4	3	2	1
Professionalism Effective communication skills (written and verbal).	5	4	3	2	1
Emotional Intelligence Possessing self-awareness and the ability to recognize and respond to other's needs.	5	4	3	2	1
Conflict Management Ability to identify problems and solutions when collaborating with others.	5	4	3	2	1
TOTAL SCORE *(Department use only)*					

(Use only if needed to clear previously made selections.)

Additional Comments

Please provide comments to clarify or support any ratings of very strong (5), weak (2), or very weak (1). You are welcome to provide additional comments for other ratings as you see fit.

Submission Instructions

Once the form is complete, save the file as "Last Name, First Name Recommendation". Submit the file to nursingadmissions@towson.edu using the subject line "Last Name, First Name Recommendation Application Term". See example below:

- File name: Doe, John Recommendation
- Email Subject: Doe, John Recommendation Fall 2024

Files must be submitted as an email attachment. Do not submit as a file link in the body of the email. Recommendations must be sent directly by the reference. Forms submitted by a student will not be accepted. Forms must be submitted by 11:59pm (ET) on the deadlines below to be accepted:

- Fall Admission: February 1st
- Spring Admission: September 1st

Date Completed   **Email Address of Completer**

The Department of Nursing may contact me regarding this recommendation form if any additional questions arise.