



ANGELO STATE UNIVERSITY

Department of Nursing and
Rehabilitation Sciences

TO: Dr. Susan Wilkinson, Head – Department of Nursing and Rehabilitation Sciences

FROM: _____

SUBJECT: BSN Recommendation

DATE: _____

I recommend that _____ be granted the following: *(check all that apply)*
 Permission to enroll in non-clinical RN to BSN courses (nursing electives, Trends and Issues, and/or Professional Role Development

Admission to the Bachelor of Science in Nursing Degree Program at Angelo State University

My association with this student is/was as (clinical instructor, classroom instructor) for the following course/s.

Course _____ Date _____

Course _____ Date _____

Course _____ Date _____

Graduate Characteristics	Competent 1	Above Average 2	Outstanding 3	Unable to Evaluate/ comments
Ability in regards to assessment, planning, interventions and evaluating nursing care.				
Professionalism				
Oral and written communication skills				
Self-directedness and self motivation				
General characteristics that will facilitate his/her success in higher education (e.g., organization, motivation,....)				

Please write out any additional comments on the back of this form.

Aug 2011