

EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL

BAYONNE MEDICAL CENTER  
SCHOOL OF NURSING  
69-71 NEW HOOK ROAD  
BAYONNE, NEW JERSEY 07002

Applicants to the above named institution are selected in accordance with nondiscriminatory practices.

The below named applicant is a candidate for Admission to this School of Nursing. We would appreciate your evaluation of the applicant's performance and potential. Our Faculty members will use this information along with other admission requirements to help evaluate this applicant. Your cooperation in completing, and promptly returning this form will assist both the applicant and the School of Nursing

**Name of Applicant:**

\_\_\_\_\_

(Last Name)

(First Name)

**Home Address:**

\_\_\_\_\_

(Number and Street)

\_\_\_\_\_

(City)

(State)

(Zip)

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

**WAIVER**

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, that we request that you waive, would arise if you were an enrolled student at this School 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 this School of Nursing. If you elect to waive your rights of access to review this information, please sign your name below.

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Applicant Signature)

Please return this form to the Admissions Committee at the School of Nursing.

## EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL

How long have you known this applicant? In what capacity?

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What do you consider the primary strengths and/or weaknesses of this applicant? If possible, give examples.

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Identify the experiences that might have influenced the development of this applicant.

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Additional comments.

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If the applicant 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 this School, the student will then have the right to review your evaluation.

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

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

Company: \_\_\_\_\_

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

