  
Catherine McAuley School of Nursing  
Recommender Form

This form must be filled out in its entirety and submitted before an application is considered complete. This form is to be completed by the Recommender of the Nursing Applicant. Submissions may be mailed/dropped off to Trocaire Office of Admissions, 360 Choate, Buffalo, NY 14220, faxed to 716-828-6107, or emailed to info@trocaire.edu

|  |
| --- |
| Nursing Applicant Name: Click here to enter text. Date: Click here to enter a date. |
| Recommender Name: Click here to enter text. |
| Recommender Phone: Click here to enter text. Email: Click here to enter text. |
| Recommender Employer: Click here to enter text. |

Please type.

|  |
| --- |
| Please describe the setting in which you supervised the applicant. Please list the organization/business you supervised them and date ranges of the supervision period. Give details about their responsibilities.  Click here to enter text. |
| Give an example of how the applicant does or does not demonstrate problem-solving skills. In your opinion, does the applicant have the maturity and emotional stability to function effectively? If you observed the applicant dealing with conflict or crisis, please describe the situation and how the applicant handled it.  Click here to enter text. |
| What qualities and traits does the applicant possess that would make them a successful nurse?  Click here to enter text. |
| What are some areas you think the applicant could improve?  Click here to enter text. |
| Is there any other information you wish to share with the admissions committee with regards to the applicant’s potential for success in the Trocaire College School of Nursing?  Click here to enter text. |

By providing my signature below, I verify that the information provided in this form has been completed by myself, is accurate, and complete to the best of my knowledge. I agree to be contacted by Trocaire College Admissions Committee if more information is needed.

Recommender Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_