



America School of Nursing & Allied Health
14000 Crown Court. Suite 102
Woodbridge VA 22193

Student Recommendation Form

Please complete this form and send to America School of Nursing & Allied Health by mail, Fax 703-490-8403 or email to asnahadmission@gmail.com. Your input is important to us.

Family Members Must NOT complete this form.

Applicant's Name: _____

Program applying for _____

Rate the applicant in the following areas. Place a check mark in areas that apply to the applicant.

Characteristics	Below Average 1	Average 2	Good 3	Excellent 4
Ability to grasp concepts				
Ability to work independently				
Relationship with others				
Oral communication skills				
Written communication skills				
Punctuality				
Reliability				
Cooperativeness				
Self-discipline				
Leadership qualities				

1. How long have you known the applicant? _____

2. What is your relationship with the applicant?

Supervisor Colleague Teacher Pastor Coach Counselor Other _____

Comments:

Name of Person Completing this form _____

Signature _____ Date _____