



TULARE ADULT SCHOOL VOCATIONAL NURSING PROGRAM

APPLICANT PROFESSIONAL RECOMMENDATION LETTER

To whom it may concern:

Date: _____

Applicant Name: _____ has applied to the Tulare Adult School Vocational Nursing Program. Please take a moment to answer a few informational questions concerning this applicant so we better know this potential student. This confidential information will not be released without the recommender's written consent.

1. In what capacity do you know the applicant?
2. What are the strong points of the applicant? Please explain.
3. What are the applicant's weak points? Please explain.
4. What kind of comments can you make regarding this applicant's honesty and integrity? Please explain.
5. How committed do you feel this applicant is to complete the Vocational Nursing Program? Please explain.
6. If you know the applicant as an employee, what comments can you make regarding his/her attendance?
7. Please use the remaining space or reverse side for any other comments you may wish to make.

Please return via email to veronica.ramirez@tulare.k12.ca.us no later than January 31, 2025.

Print Recommenders Name: _____

Recommenders Signature: _____ Date: _____