

**Change of Major Application**

**Faculty Letter of Recommendation**

**Directions:** Please complete this form and email it to the Froelich School of Nursing Student Affairs Committee at [nursing@assumption.edu](mailto:nursing@assumption.edu). Please include the applicant’s name in the subject line of the email. Please submit by 4pm on December 1 (Spring semester first year deadline) or May 1 (Fall semester of second year deadline). If December 1 or May 1 falls on a weekend, the application is due by the following Monday.

**Name of Applicant:**

**Referee’s Name and Position:**

**In comparison to others with whom you have taught or worked, please rate the applicant in the following areas:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Unable to Judge** | **Below Average** | **Average (Upper 50%)** | **Above Average (Upper 20%)** | **Outstanding**  **(Upper 5%)** |
| **Written Communication** |  |  |  |  |  |
| **Oral Communication** |  |  |  |  |  |
| **Interpersonal Skills** |  |  |  |  |  |
| **Organization** |  |  |  |  |  |
| **Attendance** |  |  |  |  |  |

**How long have you known the applicant and in what capacity?**

**Please share your thoughts regarding the applicant’s ability to succeed in the Froelich School of Nursing:**