

*Look no further.*



**Avera McKennan Human Resources**  
**Professional Development Program**  
Fax: 605.322.7868

Dear Academic Advisor:

In preparation for my nursing career, I am submitting an application for the Professional Development Program, a summer work experience at Avera McKennan Hospital & University Health Center in Sioux Falls, S.D.

As part of that process, an evaluation is needed from my Academic Advisor. Would you please complete the attached evaluation and fax or mail it to Avera McKennan Human Resources? It must be returned to Avera McKennan by **Wednesday, October 12, 2011**. Contact information, including fax number and mailing address, are supplied on the attached form.

Thank you for your assistance in the application process.

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Name of Nursing Student (please print)

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Name of School

**Look no further.**



**Avera McKennan Human Resources  
Professional Development Program**

**Fax: 605.322.7868**

**Request of Academic Standing**

\_\_\_\_\_  
Candidate Name (please print)

Advisor: \_\_\_\_\_  
(Please print)

School: \_\_\_\_\_

**The below information to be completed by Academic Advisor**

Good Standing: \_\_\_\_ Yes \_\_\_\_ No  
(If no – please explain below.)

Anticipated Graduation Date: \_\_\_\_\_

Current Cumulative GPA \_\_\_\_\_

Please share your overall evaluation of this individual. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax or mail this form to Avera McKennan Human Resources  
ATTN: PDP  
Fax: 605.322.7868

Avera McKennan Human Resources  
ATTN: PDP  
1325 S. Cliff Ave  
PO Box 5045  
Sioux Falls, SD 57110-5045

**Deadline (Faxed or Postmarked): Wednesday, October 12, 2011**