

Reference Form

Applicant to complete this section: (Please print or type)

Name: _____

Address: _____

Professional Reference Type

Teacher/Professor Employer/Supervisor

Counselor/Advisor Spiritual Counselor

Other _____

Note: Relatives and peers are not acceptable as references.

In compliance with the Family Educational Rights and Privacy Act of 1974, students who are offered admission and matriculate to St. Luke's School of Nursing have a right to inspect and review this letter of reference. *Students must check one of the following and sign where indicated:*

_____ **I understand that this evaluation will be confidential (I DO NOT wish to read it), therefore I waive my right.**

_____ **I wish to read this evaluation, therefore I DO NOT waive my right.**

I understand that the School of Nursing does not require that I waive my right of access as a requirement or condition for admission.

Signature of Applicant

Date

Reference to complete this section:

We ask that you complete this form in the knowledge that pursuant to the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their educational records which may include forms such as this one, unless the student has waived in writing, his or her right to inspect and review this form as provided above. The School of Nursing does not provide access to educational records to applicants, those students who are denied admission, or those students who decline an offer of admission.

The applicant named above is a candidate for admission to St. Luke's School of Nursing. Please rate the applicant in the following categories and provide comments where necessary:	Excellent	Above Average	Average	Unsatisfactory	Unable to rate	Comments
Interpersonal skills						
Ability to work effectively under pressure						
Ability to meet obligations promptly						
Ability to grasp new ideas, concepts						
Maturity						
Written expression						
Oral expression						
Ability to work independently						
Leadership ability						
Dependability						
Integrity						
Organizational skills						
Ability to think critically						
Accountability for own behavior						
Motivation and initiative						
Creativity						
Overall intellectual ability						

1. What characteristics does the applicant possess that would lead to success in nursing?

2. What characteristics does the applicant exhibit that might negatively affect the applicant's success in nursing?

OVERALL RECOMMENDATION:

Endorse with enthusiasm Endorse Endorse with reservation Do not endorse

How long have you known the applicant? _____

In what capacity? _____

Name: _____ Date: _____
(Please print or type)

Title: _____ Company/Institution: _____

Address: _____

Phone: _____ Email: _____

Signature: _____

DIRECTIONS:

Please place form in a sealed envelope and return it to the applicant or if you prefer to forward this directly to the school, mail to:

**St. Luke's School of Nursing
Admissions Office
801 Ostrum Street
Bethlehem, PA 18015**

If you have any questions, please contact the Admissions Office at 610-954-3443.