



NURSING APPLICANT REFERENCE FORM

TO THE APPLICANT:

Under the Family Education Rights and Privacy Act, an individual applying for admission to a nursing program is entitled to inspect this reference if it is maintained in her file, unless a waiver of this right has been signed. Federal law permits us to request, BUT NOT REQUIRE, that you waive this right of inspection. Please be advised that the information contained on this form will be used to determine positive reference for admission to College of Saint Mary, Nursing Program. The Nursing Program does NOT require a waiver as a condition for admission to or receipt of any services or benefits of the department. Please consider your right carefully and sign your name in the appropriate space below.

I elect to waive my right of access to and review of the information on this form.

_____ (applicant's signature) _____ (date)

I DO NOT elect to waive my right of access to and review of the information on this form

_____ (applicant's signature) _____ (date)

Note: References should be secured from appropriate sources, such as teachers, guidance counselors, high school principals, clergyman, employers, supervisors, etc. **References from friends, relatives, co-workers, admissions staff, etc., will not be considered.**

Name of Applicant: _____
(last name) (first name) (middle name)

Address: _____
(name and number of street)

_____ (city) (state) (zip code)

The person named above is a candidate for admission to the Nursing Program. We would appreciate your evaluation of the applicant. Your comments will be used by the Nursing Program Director to learn more about the applicant. Your cooperation in completing and promptly returning this form will assist both the applicant and the Nursing Program.

1. How long have you known the applicant? _____
2. How well do you know the applicant? _____ slightly _____ average _____ well
3. What is your relationship to the applicant? _____

4. How would you rate the applicant on the following? Please add an explanation if you feel it is warranted.

	Poor	Average	Above Average
A. Appearance	_____	_____	_____
B. Dependability	_____	_____	_____
C. Judgment	_____	_____	_____
D. Maturity	_____	_____	_____
E. Initiative	_____	_____	_____
F. Perseverance	_____	_____	_____
G. Adaptability	_____	_____	_____
H. Conduct & Personal Habits	_____	_____	_____
I. Leadership	_____	_____	_____
J. Integrity	_____	_____	_____

5. What activities has the applicant been active in? _____

6. What work experiences has the applicant had? _____

7. How well does the applicant work with others in the above situation? _____

8. Are you aware of any reasons that might interfere with the applicant's ability to complete the program? If so, please explain.

9. Are there any additional responsibilities or special needs that would help us best serve the student during her education?

Date _____

PLEASE RETURN TO:
Enrollment Services
College of Saint Mary
7000 Mercy Road
Omaha, NE 68106
Fax: 402.399.2412

Printed Name: _____

Signature: _____

Position: _____

Address: _____

Phone Number: _____

Email Address: _____