JAMESON MEMORIAL HOSPITAL SCHOOL OF NURSING

ADMISSION REFERENCE FORM

(This reference form is to be submitted with the application)

References should be from teachers, employers, clergy, or counselors with whom the applicant has had professional relationships. References from family members or friends are NOT accepted. Submitting inappropriate references will delay the admission process.

Name of Applicant _____

To assure that your records are held in compliance with the law as stated below, please check one:

_____ **I GIVE UP** my right to read this reference form.

_____ **I DO NOT GIVE UP** my right to read this reference form.

Applicant Signature_____ Date _____

The above named applicant is a candidate for admission to the School of Nursing and has named you as a reference person. Your comments will be used only by the Faculty members of the school to assist them to arrive at a better understanding of this applicant. Your cooperation in completing this form will assist both the applicant and the School of Nursing.

Please Note: Public Law No. 93f-380 grants a student access to his/her records as maintained by the School of Nursing. It also grants a student or an applicant the right to waive access. See above for the student's choice regarding confidentiality.

I have known the applicant in the following capacity: _____

I have known the applicant for _____ months _____ years.

I would evaluate the applicant as follows. Please mark one your choice.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT KNOWN
Attitudes toward others (caring, respect)					
Ability to work with others					
Ability to communicate orally					
Ability to communicate in writing					
Independence					
Initiative					
Ability to accept responsibility					
Presentation of self (poise, courtesy, language)					
Potential for growth					

RECOMMENDATION:

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_____ **Strongly Recommend** _____ **Recommend with Reservation**

_____ **Recommend** _____ **Not Recommend**

Comment (s):

_____

_____

Signature _____ Date _____

Print Name_____ Position _____

Address _____ Telephone _____

Please return this form with the application or mail to:

Jameson Memorial Hospital School of Nursing
1211 Wilmington Avenue
New Castle, PA 16105 - 2595