

Reference Form

Applicant to complete this section (Please print or type)

Directions to applicant:

- 1) Print out two copies of the complete "Reference Form" document.
- 2) Fill out this section of page one on both copies, and the applicant name at the top of page two on both copies.
- 3) If you waive your right to read the recommendation, hand the forms to two qualified individuals with two pre-addressed, pre-stamped envelopes to send directly to St. Luke's School of Nursing (address below). The person writing the recommendation **must** send the form in, and is not permitted to hand completed forms to you for submission.
- 4) If you do not waive your right to read the references, you are permitted to view and send the form to the St. Luke's School of Nursing.

Applicant Name: _____

Address: _____

Professional Reference Type

- Teacher/Professor Employer/Supervisor
 Counselor/Advisor Spiritual Counselor
 Other _____

Note: Relatives, peers, neighbors, co-workers, clients, and personal physicians DO NOT qualify as acceptable references. If you have any questions about whether someone qualifies as an acceptable reference, please contact the admissions department.

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 understand that by checking this option, the person writing the reference must send the forms to St. Luke's School of Nursing directly.**

_____ **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:

The applicant named above is a candidate for admission to St. Luke's School of Nursing. 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.

DIRECTIONS FOR COMPLETION AND SUBMISSION:

Please complete the information below in consideration for the applicant listed above. St. Luke's School of Nursing takes all references under careful consideration. When the form is completed, please mail directly to:

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

Name: _____
(Please print or type)

Date: _____

Title: _____

Company/Institution: _____

Address: _____

Phone: _____ Email: _____

Applicant Name: _____

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?

3. How long have you known the applicant? _____

In what capacity? _____

Please rate the applicant in the following categories according to the key provided. Space is provided for additional comments. If not observed, please write "N/A"

| Key: | Quality | Rating | Comments |
|--------------------|---|--------|----------|
| 5 = Excellent | Interpersonal Skills/ Demonstrates sensitivity to the needs of others | | |
| 4 = Above Average | Ability to work effectively under pressure | | |
| 3 = Average | Dependability | | |
| 2 = Below Average | Ability to grasp new ideas and concepts | | |
| 1 = Unsatisfactory | Organizational skills | | |
| | Written and oral expression | | |
| | Ability to work independently | | |
| | Motivation and initiative | | |
| | Integrity and Accountability | | |
| | Ability to think critically | | |

Additional Comments: _____

Signature: _____

We at St. Luke's School of Nursing greatly appreciate your time and assistance. If you have any questions, please contact the Admissions Office at (484) 526-3443.

Recommendation Form ONLY for Applicants from Other Registered Nursing Programs

This form is required for applicants who have taken courses leading to RN licensure.

Applicant to complete this section (Please print or type)

Directions to applicant:

- 1) Print out the two pages of this form.
- 2) Fill out this section of page one, and the applicant name at the top of page two.
- 3) If you waive your right to read the recommendation, hand the document to either the Director of the Nursing Program you were enrolled in, or your most recent Nursing instructor, with a pre-addressed, pre-stamped envelope to send directly to St. Luke's School of Nursing (address below). The person writing the recommendation **must** send the form in, and is not permitted to hand completed forms to you for submission.
- 4) If you do not waive your right to read the references, you are permitted to view and send the completed form to the St. Luke's School of Nursing.

Applicant Name: _____

Address: _____

Professional Reference Type

- Director of Nursing Program
 Nursing Instructor

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 understand that by checking this option, the person writing the reference must send the forms to St. Luke's School of Nursing directly.**

_____ **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:

The applicant named above is a candidate for admission to St. Luke's School of Nursing. 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.

DIRECTIONS FOR COMPLETION AND SUBMISSION:

Please complete the information below in consideration for the applicant listed above. St. Luke's School of Nursing takes all references under careful consideration. When the form is completed, please mail directly to:

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

Name: _____
(Please print or type)

Date: _____

Title: _____ Name of College/University: _____

Address: _____

Phone: _____ Email: _____

Applicant Name: _____

1. Please check one:

- This reference is based on interactions with the student
- This reference is solely based on a review of the student's file (no interaction)

2. Please check one:

- I recommend this applicant
- I do not recommend this applicant

3. What characteristics does the applicant possess that would lead to success in nursing? (i.e. clinical skills)

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

Please rate the applicant in the following categories according to the key provided. Space is provided for additional comments. If not observed, please write "N/A"

Key:

| |
|--------------------|
| 5 = Excellent |
| 4 = Above Average |
| 3 = Average |
| 2 = Below Average |
| 1 = Unsatisfactory |

| Quality | Rating | Comments |
|--|--------|----------|
| Interpersonal Skills | | |
| Ability to work effectively under pressure | | |
| Dependability | | |
| Ability to grasp new ideas and concepts | | |
| Organizational skills | | |
| Written and oral expression | | |
| Ability to work independently | | |
| Motivation and initiative | | |
| Integrity and Accountability | | |
| Ability to think critically | | |

Additional Comments: _____

Signature: _____

We at St. Luke's School of Nursing greatly appreciate your time and assistance. If you have any questions, please contact the Admissions Office at (484) 526-3443.