

## 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.

**Professional Reference Type**

**Applicant Name:** \_\_\_\_\_

Teacher/ Professor     Employer/ Supervisor     Volunteer Coordinator

**Address:** \_\_\_\_\_

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

The Family Educational Rights and Privacy Act of 1974 states 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.

**Reference to complete this section:**

**Directions to Reference:**

- 1) All references must be professional or academic, NOT personal, meeting the guidelines specified above. If you are unable to provide a reference about overseeing the applicant, please inform the applicant and do not submit the reference.
- 2) Verify the applicant filled out the top of page 1, including a handwritten signature, before filling out the remainder of this form. Please contact the applicant if the top section is not filled out.
- 3) If the applicant waived the right to review the form, please mail the completed form to St. Luke's School of Nursing, Admissions, 801 Ostrum Street, Bethlehem, PA 18015. If the applicant did not waive the right to review the form, you also have the option of returning the form to the applicant.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print or type)

Title: \_\_\_\_\_ Company/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

How did you oversee the applicant? Please provide your title, specifics about where and how. This can include the Institution/course the applicant was your student, the company/unit where you supervised the student, or the project you oversaw the applicant volunteering. Personal references are not acceptable.

\_\_\_\_\_

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

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

3. 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/ Demonstrates sensitivity to the needs of others		
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.

## 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)

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

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**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
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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: \_\_\_\_\_

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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.