

WEST PENN HOSPITAL SCHOOL OF NURSING

 CITIZENS SCHOOL OF NURSING

**REFERENCE FOR ADMISSION**
**Name of Applicant** \_\_\_\_\_

Last

First

Middle

Previous

**PART I: To be completed by Applicant**

In compliance with the Family Educational Rights and Privacy Act of 1974 as amended in 1981, an applicant is granted the right to relinquish access to letters of reference. To assure that your records are held in compliance with the law, check one of the following:

 I give up my right to read this letter of reference.

 I do not give up my right to read this letter of reference.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**PART II: To be completed by the person writing the reference**

The above-named applicant is being considered for admission to AHN Schools of Nursing.

In order to assess the applicant, the Admissions Office of the Schools of Nursing would appreciate your evaluation of the applicant.

After the applicant has signed Part I, please:

- Assess the characteristics of the applicant (chart below).
- Respond to the questions on the reverse side.
- Email the completed form to:
  - West Penn Hospital School of Nursing [SONADMISSIONS@AHN.ORG](mailto:SONADMISSIONS@AHN.ORG)
  - Citizens School of Nursing [CSONADMISSIONS@AHN.ORG](mailto:CSONADMISSIONS@AHN.ORG)

Thank you for your assistance.

Characteristic	Always	Usually	Never	Not applicable
Neat personal appearance				
Self-directed				
Responsible				
Seeks guidance appropriately				
Cooperative				
Accepted by peers				
Follows directions				
Uses time wisely				

Characteristic	Always	Usually	Never	Not applicable
Works independently				
Works well with others				
Considerate				
Honest				
Punctual				
Good attendance				
Dependable				
Demonstrates leadership				

**PART III: Questions for those providing the reference**

1. How long have you known the applicant, and in what capacity?
2. Summarize the characteristics of the applicant that would lead to success in the nursing profession.
3. In what community service and/or volunteer activities or projects has the applicant taken an active part?
4. Are you aware of anything that might negatively affect the applicant's success in nursing? If so, please specify.
5. What is the quality of the applicant's work, if applicable?
6. Additional comments:

Indicate whether or not you endorse the applicant as a candidate for admission to the AHN Schools of Nursing by checking one of the following:

**Endorse** \_\_\_\_\_ **Do not endorse**\_\_\_\_\_

Signature \_\_\_\_\_ Date\_\_\_\_\_

Printed name \_\_\_\_\_

Company/School\_\_\_\_\_

Position\_\_\_\_\_ Phone\_\_\_\_\_