

Armstrong Atlantic State University
Graduate Program in Nursing
Application for Admission

Reference Form

Directions: Fill in the top portion of the reference form. Give the reference form to three (3) individuals who can attest to your professional competence and/or academic abilities. Provide the referent with a stamp addressed envelope to return the completed reference form to:

**Armstrong Atlantic State University
Graduate Program in Nursing
11935 Abercorn Street
Savannah, Georgia 31419-1997**

I. TO BE COMPLETED BY APPLICANT:

Name: _____ SS# _____
(Last) (First) (MI)

I, _____, am applying for admission to the Graduate Nursing Program. Under the provisions of the Family Education Rights and Privacy Act of 1974. I must decide whether reference letters written at my request are to be confidential or are to be available for my person inspection. I have indicated below my choice in the matter.

- Confidential file. I grant permission for this letter of recommendation to be held confidential by Armstrong Atlantic State University.
- Open file. I retain the right of having letters of reference available to me.

Applicant's Signature Date

II. TO BE COMPLETED BY REFERENT:

We appreciate you taking time to complete this reference form. A frank statement of your opinion will assist us in determining the applicant's desirability as a graduate nursing student.

1. How long have you known the applicant: _____
2. In what capacity have you known the applicant? _____

Additional Comments: _____

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PLEASE RATE THE APPLICANT IN COMPARISON TO OTHER NURSES OR STUDENTS (In the same field of study or clinical area) WITH WHOM YOU HAVE BEEN ACQUAINTED.

	Superior	Very Good	Good	Average	Fair/Poor	Not Observed
Depth of knowledge						
Clinical skills performance						
Interactive skills						
Maturity						
Leadership ability						
Creativity						
Independence						
Integrity						
Initiative						
Perseverance						
Other: (please list below)						
1.						
2.						
3.						

Please comment on the applicant's special skills or strengths:

Referent Name _____

Date _____

Title _____

Organization _____

Signature of Referent _____