



St. Francis Medical Center School of Nursing

601 HAMILTON AVENUE TRENTON, NEW JERSEY 08629-1986

ADMISSIONS REFERENCE

APPLICANT: NAME (Last, First MI) _____

SOCIAL SECURITY NUMBER (xxx-xx-0000) _____

TO THE APPLICANT: Complete the information above. Read the information on the reverse side regarding the Waiver of your right to inspect and review this reference. After determining your preference regarding the Waiver, and signing the statement if you desire, give this form to the person serving as your professional reference (i.e. teacher, employer, community service representative). Ask him/her to return the form directly to you in a sealed envelope. *Mail in your sealed reference with application*

TO THE REFERENCE: The individual named above has applied to the School of Nursing, and has given your name as a reference. Since the profession of nursing requires persons of trust, good intelligence and ability, we would appreciate your candid evaluation of this applicant. To determine if the applicant will be allowed to inspect and review this reference please check the reverse side. If the applicant has signed the Waiver statement this reference will not be available for inspection or review by the applicant. Your help in promptly returning this form directly to the applicant in a sealed envelope will expedite the admissions process and will be appreciated. Feel free to use the reverse side for additional comments.

1. How long have you known the applicant? _____

2. What has been the nature of your acquaintance? _____

3. Please comment on the applicant's moral character: _____

4. Please comment on the applicant's characteristics in the areas of work performance, scholastic ability, integrity and personal demeanor: _____

5. Please list any qualities of the applicant which you feel make him/her especially well suited to a career in nursing: _____

6. Does this applicant have any qualities, which might disqualify him/her for a nursing career? _____

Signature _____

Printed Name _____

Date _____

Address _____

Occupation _____

OVER >

TO THE APPLICANT: According to Federal law, if you are admitted to the School of Nursing and eventually enroll, you will have the right to inspect and review the Admissions Reference on the reverse side. You may give up this right by signing the Waiver below. The School is permitted to request, but does not require, that you sign the Waiver. The School does not require the Waiver as a condition for admission to or receipt of a service or benefit from the School. However, we encourage you to sign it to give your reference the confidentiality provided by the Waiver.

WAIVER

If you become an enrolled student in the School of Nursing the *Family Educational Rights and Privacy Act of 1974*, as amended, gives you the right to inspect and review the information on the reverse side of this form. The School requests, but does not require, that you waive this right. In considering whether or not to waive your right, please be aware that the information on the reverse side of this form will be used to evaluate you for admission to the School of Nursing. IF YOU CHOOSE TO WAIVE YOUR RIGHT TO INSPECT AND REVIEW THIS ADMISSIONS REFERENCE, PLEASE DATE AND SIGN THIS FORM BELOW.

Date_____ Signature_____