

CENTER FOR ARTS AND TECHNOLOGY - BRANDYWINE CAMPUS
 1635 East Lincoln Highway, Coatesville, PA 19320
PRACTICAL NURSING PROGRAM

REQUEST FOR REFERENCE FOR:
 APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____
 (Signature grants permission to send information.)

I have applied for admission to the Practical Nursing Program. Please provide information to the nursing program about our working relationship. Your prompt response is appreciated. Thank you.

Check in the appropriate column, your estimate of each trait listed:

	Habitually	Moderately	Seldom
I. In a work situation, is the applicant:			
A. Resourceful			
B. Orderly			
C. Accurate			
D. Dependable			
E. Punctual			
F. Cooperative			
G. Thorough			
H. Adaptable			
I. Energetic			
II. Is the applicant:			
A. Sensitive to reactions of others			
B. Trustworthy			
C. Tolerant			
D. Tactful			
E. Well poised			
F. Self-controlled			
G. Receptive to criticism			

III. How long have you known the applicant?

A. What do you consider the applicant's chief qualities?

Strengths:

Weaknesses:

B. Does the applicant work well with people?

C. Do you place full confidence in this applicant's integrity? Explain.

D. Would you like this person to take care of you if you were ill?

IV. Would you endorse this applicant as a candidate for admission to the Practical Nursing Program?

YES

NO

If the answer is "no", please comment:

V. This information contained on this reference form may be shared with the applicant:

YES

NO

Thank you for your help.

NAME: (please print) _____

SIGNATURE: _____

POSITION: _____

ADDRESS: _____

PHONE: _____

DATE: _____