

ADMISSION REFERENCE FORM

study wi			em its advantages, privileges and courses of atity, sexual orientation, religion, national
			ission to the Practical Nursing Program. Please assist the Admissions Committee

\ II	nt will sign here if he/she croviding the reference)	does not want access to the refe	rence form after it is completed by the
I waive a	all rights to review of this f	Corm.	
	(Applicant)		(Date)
*****	*******	*********	******
I. I	Iow long have you known	this applicant?	
I	n what capacity?		
	on a scale of 1 (low) to 10 in relation to his/her work p		nt on the following personal characteristics
	Promptness	Enthusiasm	
	Dependability	Interpersonal Skills	
	Appearance	Competence	
	Self-direction	Safety	
Would y	ou care to comment on any	y of your responses?	
If you are applicant		applicant, or have employed hi	m/her in the past, would you employ this

What do you believe to be thi	is applica	ant's most in	nportant?
Strengths:			
Weaknesses:			
recommend this applicant	with	without	reservation. (Please circle one)
dditional comments:			
Name (Please print):			
Agency/Company:			
Position:			
JOTE, DI EACE MAIL TU	uc dee		ГО МОЛТҮ ТЕСН ТО ТНЕ
			NURSING PROGRAM at:
	1	050 Westm	actical Nursing inster Street
		Fitchburg,	MA 01420
		-	(Signature)
		-	(Date)