



Admissions Reference Form for ASN Program

(This form can be returned via Email)

**GSW School of Nursing
Attn: Student Services Coordinator
800 Georgia Southwestern State University Drive
Americus, Georgia 31709**

Applicant: Complete this form and then forward this to the person who is recommending you for admission. **Two recommendations are required** to complete your application packet for admission to the School of Nursing.

Name _____
Last First Middle Maiden Name

Address _____
Street Address/P.O. Box City State Zip

Email: _____

Telephone: Home _____ Cell _____

The Family Education Rights and Privacy Act of 1974 provides you access to any letters of recommendation written about you, but recommendations in confidence carry greater weight. Therefore, you may wish to consider waiving your right of access to this letter of recommendation.

I hereby ___waive ___do not waive my right of access to this letter of recommendation. If waived, this form can be sent via email to School of Nursing.

Applicants Signature _____ Date _____

To the Person Completing the Recommendation: You are requested to complete this form and return it to the person who made the request in a sealed envelope with your signature across the flap OR via email to nursing@gsw.edu.

The applicant to the School of Nursing must submit an application packet complete with two recommendations to the School of Nursing at Georgia Southwestern State University. For your information, please note in the section above whether or not the applicant has waived access to this recommendation.

Name _____ Position _____

Employer _____ Address _____

How long have you known the applicant? _____ In what capacity? _____

Would you like to be contacted about this applicant? _____ Telephone _____

Please rate the applicant in each of the following areas: **Excellent** **Good** **Average** **Poor** **Do Not Know**

Ability to work with others					
Conceptual ability					
Consistency					
Creativity					
Flexibility					
Initiative					
Integrity					
Leadership					
Maturity					
Motivation					
Sensitivity to patients/customers					

1. Do you think the applicant is prepared to undertake the course of study for which he/she is applying?

2. What do you consider to be the applicant's major strengths?

3. How well do you think the applicant has thought of his/her plans for this program of study?

I _____ recommend _____ do not recommend _____ recommend with reservation

Person Completing the Recommendation signature _____ Date _____

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Or mail to:
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