GEORGIA SOUTHWESTERN SCHOOL OF NURSING

OFFICE USE ONLY

*Received by*_____

*Date*_____

High School Student Reference Form
Guaranteed Admissions Program

Please return via email: nursing@gsw.edu or mail to:

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

To the Applicant: Complete this form and then forward 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

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

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 have 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 _____

Continued…

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 recommendation signature_____Date_____

To the Person Completing the Recommendation if right to access is waived you may email to nursing@gsw.edu

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Americus, Georgia 31709

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