

# Covenant School of Nursing

Registered Nurse (R.N.)

## Reference Form

### A. APPLICANT SECTION

Applicant → Please make 5 copies and have your references complete the form entirely. Make sure you receive all the letters back so you can successfully submit your application with the letters attached. We can no longer accept incomplete application documents. Follow instructions carefully.

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**\*APPLICANT, PLEASE SIGN AND DATE BELOW BEFORE GIVING TO INDIVIDUAL TO COMPLETE:**

I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation provided by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) Also In consideration of Covenant School of Nursing processing my application for admission, I grant permission and consent to Covenant School of Nursing to request from any person or entity information which is in any way pertinent to my application. I authorize Covenant School of Nursing, its agents, servants and employees, to obtain any information necessary to process this application understanding that Covenant School of Nursing will rely on information it obtains.

Applicant Signature

Date

### B. EVALUATOR SECTION

This applicant has applied for admission to Covenant School of Nursing in Lubbock, Texas. You have been asked by the **applicant** to comment on his or her ability, suitability, and motivation for entering the school.

The remainder of the form is for the **EVALUATOR** to complete. Please answer the questions on the back in order to provide the information the school needs. This Reference Form must be completed in order for the evaluation to be acceptable.

RETURN THE COMPLETED REFERENCE FORM **SEALED** IN A LEGAL ENVELOPE. **Sign the back of the envelope after you have sealed it. Do NOT return it directly to the school!** Return this form to the applicant to be submitted with all other application requirements.

Evaluation of Applicant  
Confine comments to this page only.

1. How long have you known the applicant and in what way?
  
2. Describe the applicant's strengths or weaknesses as they would apply to the higher education process. Please list any personal characteristics or areas that would enhance the applicant's suitability for nursing.
  
3. Complete by checking ONE space within the range for each category. Leave blank any section you are unable to evaluate.

	Excellent	Average		Poor	
Integrity					
Reliability					
Motivation					
Emotional Stability					
Social Values					
Rapport with Others					
Leadership Qualities					
Intellectual Curiosity					

4. Overall Recommendation  
Check the ONE category in which you would place this applicant

- Highly recommended without reservation  
 Recommended  
 Recommended with reservation  
 Do not recommend

Evaluation by: Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Evaluators Signature \_\_\_\_\_ Date \_\_\_\_\_

**Place letter in provided envelope, seal, sign your name on back of envelope, & return envelope to applicant**