

Lackawanna College
Nursing Program
Reference Form

To the applicant: It is recommended that you provide each reference with a *pre-addressed, stamped envelope* along with this reference form. Forms should be returned directly to the address listed below. Please note that Family members or close personal friends are not permitted to use as references.

To the reference: The below named applicant is applying to Lackawanna College's Nursing Program. The Nursing program presents a rigorous 2 years of coursework integrated with hands on, clinical experiences. Please respond to the questions outlined below, along with a typed statement (see description at bottom of page) to assist us in assessing this applicant's appropriateness to participate in our program. Your complete honesty and objectivity is appreciated. **Your form must be returned in a sealed envelope with your signature evident across the seal.** Please return the form **directly** to the following address:

Lackawanna College
C/o Admissions Department
501 Vine Street
Scranton, PA 18509

Name of Applicant: _____ Name of Reference: _____

Relationship to applicant: ___ Educator ___ Employer/Work Supervisor ___ Other Please identify: _____

Please answer the following questions:

1. How many years have you known the applicant? _____
2. In what capacity have you known the applicant? _____

Please rate the applicant in the following areas (please circle your answer):

1. How do you rate the applicant's ability to communicate with others?
very poor below average average above average excellent unable to assess
2. How do you rate the applicant's ability to achieve and maintain organization?
very poor below average average above average excellent unable to assess
3. How do you rate the applicant's ability to manage stress?
very poor below average average above average excellent unable to assess
4. How do you rate the applicant's ability to work independently?
very poor below average average above average excellent unable to assess
5. How do you rate the applicant's ability to work with others?
very poor below average average above average excellent unable to assess
6. How do you rate the applicant in terms of punctuality and reliability?
very poor below average average above average excellent unable to assess
7. How do you rate the applicant's ability to make a long term commitment to our program?
very poor below average average above average excellent unable to assess

****After rating the prospective Nursing candidate, please take a moment to think about the qualities you look for in a healthcare provider when you need medical care. Please provide a one page, typed statement describing the BEST quality or qualities you feel this applicant possesses to be successful as a medical professional. Both the reference rating page and the type statement should be returned together.**

Signature of Reference

Date