Lackawanna College Nursing Program

Professional Reference Form

All application materials available on this website are for informational purposes only and are not to be utilized for application to this program. If interested in applying to this program, please discuss next steps with your academic advisor or enrollment counselor to use our Epicor system for supplemental application submission.

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 on second page) to assist us in assessing this applicant's appropriateness to participate in our program. Your complete honesty and objectivity is appreciated.

Your form may be returned digitally to nursing@lacakwanna.edu or in a sealed envelope with your signature evident across the seal. Please return this form directly to the following address:

Lackawanna College Nursing Program
c/o Admissions Department
501 Vine Street
Scranton, PA 18509

	Scianton, PA 16509					
Name of Applicant						
Name of Reference						
Reference Phone Number						
Relationship to Applicant						
Relative or Close Personal Friend of Applicant?	Yes	No				
How many years have you known the applicant?						
In what capacity have you known the applicant?						

Please rate the applicant in the following areas.

Examples:

 How do you rate the applicant's ability to c 	communicate with other	S:
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Very Poor	Below Average	Average	Above Average	Excellent	Unable to Assess



2. How do you rate	e the applicant's ai	onity to achieve	and maintain organi	zation?	
Very Poor	Below Average	Average	Above Average	Excellent	Unable to Assess
Examples:					
3. How do you rate	e the applicant's al	oility to manage	e stress?		
Very Poor	Below Average	Average	Above Average	Excellent	Unable to Assess
Examples:					
4. How do you rate	e the applicant's al	oility to work in	dependently?		
Very Poor	Below Average	Average	Above Average	Excellent	Unable to Assess
Examples:					
5. How do you rate	e the applicant's al	aility to work w	ith others?		
Very Poor	Below Average	Average	Above Average	Excellent	Unable to Assess
Examples:	-		_		
_		-	ality and reliability?	Excellent	Unable to Assess
Very Poor Examples:	Below Average	Average	Above Average	Excellent	Ollubic to Assess
Examples.					
7. How do you rate	e the applicant's al	oility to make a	long term commitme	ent to our progr	am?
Very Poor	Below Average	Average	Above Average	Excellent	Unable to Assess
Examples:					



for in a healthcare provider when you nee	didate, please take a moment to think about the qualities you lood medical care. Please provide a one page, typed statement u feel this applicant possesses to be successful as a medical	ok
	ge and the type statement should be returned together.	
Signature of Reference	Date	

*Updated June 2025/TS

