

**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@lackawanna.edu](mailto:nursing@lackawanna.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**

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.

**1. How do you rate the applicant’s ability to communicate with others?**

Very Poor      Below Average      Average      Above Average      Excellent      Unable to Assess

Examples:

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

Examples:

3. How do you rate the applicant's ability to manage stress?

Very Poor      Below Average      Average      Above Average      Excellent      Unable to Assess

Examples:

4. How do you rate the applicant's ability to work independently?

Very Poor      Below Average      Average      Above Average      Excellent      Unable to Assess

Examples:

5. How do you rate the applicant's ability to work with others?

Very Poor      Below Average      Average      Above Average      Excellent      Unable to Assess

Examples:

6. How do you rate the applicant in terms of punctuality and reliability?

Very Poor      Below Average      Average      Above Average      Excellent      Unable to Assess

Examples:

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

Examples:

**\*\*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**