



Dear _____:

The applicant named on the back of this form has applied for admission to Crouse Hospital School of Nursing. Your information will help us select candidates who have the potential to be successful in our program.

Students who are successful in our program possess personal characteristics that enable them to function in a setting in which ever-changing technology must be applied in a competent, professional manner. We are interested in individuals who demonstrate sound judgement, accountability and initiative.

Please complete the reference form on the back of this page and return it to the school admissions office at the above address.

Thank you for your interest in the applicant and for taking the time to complete this form. We appreciate your cooperation.

If you have questions or comments, feel free to contact me at (315) 470-7481.

Sincerely,

Amy H. Graham
Enrollment Management Supervisor

Applicant's Name _____

In what capacity have you known the applicant? _____

How long have you known the applicant? _____

When you think of the applicant, what initial thoughts come to mind?

Please assess the applicant on each of the following:

	LOW		HIGH			No Basis to Assess
	1	2	3	4	5	
Ability to handle stress	_____	_____	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____	_____	_____
Intellectual ability	_____	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____	_____
Accountability	_____	_____	_____	_____	_____	_____
Ability to Multi Task	_____	_____	_____	_____	_____	_____

Comments on any of the above characteristics:

Please comment on the applicant's performance and any circumstances that may have positively or negatively affected that performance.

Is there any other information about this applicant that may aid us in our admissions decision?

ATTENTION REFERENCE:

Name _____

Title _____

Phone (____) _____

Relationship _____

Signature _____

Date _____

ATTENTION APPLICANT:

WAIVER: Please check one of the following and sign below

I waive my right to review this completed form

I do not waive my right to review this completed form

Signature _____

Date _____