

Pomeroy College of Nursing at Crouse Hospital

PROFESSIONAL REFERENCE

Applicant's Name: _____

How long have you known the applicant? _____

Relationship to applicant: (Please \surd mark one)

Teacher Professor Guidance Counselor

Professional Colleague Co-worker

Supervisor Former supervisor

Other (**personal** references of any kind are **NOT** accepted) _____

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

**Please assess the applicant on each of the following and indicate the following:
Strongly Agree, Agree, Disagree or Strongly Disagree**

Characteristics:						
Ability to Handle Stress	Communication Skills	Intellectual Ability	Initiative	Accountability	Ability to Multi-Task	Caring/ Compassion

Please comment on the above characteristics and 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?

REFERENCE:

Name/Title: _____

Phone: _____

Signature/Date: _____

APPLICANT:

WAIVER – Please \surd one of the following and sign below:

I waive my right to review this completed reference.

I do *not* waive my right to review this completed reference.

Signature/Date: _____



POMEROY COLLEGE OF NURSING AT CROUSE HOSPITAL

5000 Brittonfield Parkway, Suite B201
East Syracuse, NY 13057
Phone: (315) 470-7481 Fax: (315) 470-5774
www.crouse.org/nursing

Dear _____:

The applicant named on the back of this form has applied for admission to Pomeroy College of Nursing at Crouse Hospital. 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 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 judgment, accountability and initiative.

Please complete the reference form on the back of this page and return it to Pomeroy College of Nursing at Crouse Hospital 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) 470-7858.

Sincerely,

Amy H. Graham
Assistant Dean for Enrollment