

HOPE COLLEGE NURSING DEPARTMENT

Student Reference Form

Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.

(Applicant complete top section)

Name of Applicant: _____

_____ (Date)

(Optional) I hereby waive my right of access to the material recorded below.

(Signature of Applicant)

(Person providing reference complete section below)

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

In completing this form, please rate the applicant in comparison to the other students or employees you have known. All completed forms will be treated confidentially.

	<i>Outstanding</i>	<i>Satisfactory</i>	<i>Needs improvement</i>	<i>Unsatisfactory</i>	<i>No basis for judgement</i>
Caring: compassionate, empathetic Comments:					
Critical Thinking: goal directed, creative, utilize a problem solving process Comments:					
Communication: Demonstrates effective speaking, writing, & listening skills Comments:					
Personal Characteristics: demonstrates leadership, dedicated, honest, demonstrates integrity, organized, respectful, value based, accountable, emotionally mature Comments:					

(Printed Name)

(Address)

(Position)

(Telephone)

Signature _____

Date _____

Return to: Hope College Nursing Department
 Attention: Nursing Department Chairperson
 35 E. 12th Street
 Holland, MI 49423-3698