



**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: Please complete the following:

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:

You have been asked to submit a reference for the named student who is applying to the nursing major at Hope College. Your comments and input are greatly appreciated.

Name of the recommender _____

1. How do you know this student? (If you are a teacher or coach, please specify the courses or sports)

2. How long have you known this student? _____

3. Please provide at least one example of how this student shows compassion, caring, kindness and empathy:

4. Please provide at least one example of how this student is a leader:



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5. Please provide at least one example demonstrating this student's ability to communicate verbally and in writing:

6. Please briefly describe the personal characteristics of this student:

Compared to similar students with whom you are familiar, how would you rank this student?	< 50%	50-74%	75 – 89%	90 – 94%	95 – 100%
Caring, compassion, kindness, empathy					
Leadership ability					
Verbal communication					
Personal characteristics					

Is there anything else you would like to share regarding this student?