



# SCHOOL OF NURSING PERSONAL REFERENCE FORM

## A. TO THE STUDENT

*Please see the first page of this application for additional items to be submitted.* Complete Section A and give this form to someone who has observed you in an professional setting for a reasonable period of time. This should be an employer or community leader for whom you have worked or volunteered. Please furnish the evaluator with a stamped envelope addressed to: Office of Undergraduate Admissions, Azusa Pacific University, PO Box 7000, Azusa, CA 91702-7000.

Last Name	First Name	Middle Name	Social Security Number	
Address: Number and Street	City	State/Province	Postal Code	Country

The Family Educational Rights and Privacy Act of 1974 permits a matriculated student to have access to his/her file unless a waiver of that right has been signed. If you wish to waive your rights to access your file, sign your name in the space provided. The waiver is NOT required as a condition of admission. *I hereby waive my right of access to this letter of recommendation.*

Applicant's Signature	Date
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## B. TO THE EVALUATOR

The above-named applicant is applying for admission to Azusa Pacific University. The Office of Undergraduate Admissions finds candid, thorough evaluations invaluable to the decision-making process. Please include any information that you feel is pertinent, and remember that your prompt appraisal of the candidate will help to ensure full consideration. Thank you.

*Please rate the applicant in each of the following areas:*

	Superior	Above Average	Average	Below Average	Not Applicable
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Ability to work with others					
Conceptual ability					
Consistency					
Creativity					
Flexibility					
Initiative					
Integrity					
Leadership					
Maturity					
Motivation					
Sensitivity to patients					

*Continued...*

# SCHOOL OF NURSING PERSONAL REFERENCE *(continued)*

How long have you known the candidate and in what capacity? \_\_\_\_\_

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What do you consider to be the applicant's outstanding talents or strengths? (Please give specific examples.) \_\_\_\_\_

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What do you consider to be the applicant's major weaknesses? \_\_\_\_\_

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How well do you think the applicant has thought out his/her plans for this program of study? \_\_\_\_\_

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I  *recommend*  *do not recommend*  *recommend with reservation* this individual for enrollment in the School of Nursing.

First Name	Middle Name	Last Name	Position/Occupation	
Phone		Email Address		
Address: Number and Street	City	State/Province	Postal Code	Country
Evaluator's Signature		Date		

**Please note:** This form should be received as soon as possible to give the applicant the best possible admissions consideration.

## **PLEASE RETURN TO:**

Office of Undergraduate Admissions  
Azusa Pacific University  
PO Box 7000  
Azusa, CA 91702-7000

