

**HOPE COLLEGE NURSING DEPARTMENT**

Student Reference Form

**Return Reference form to Nursing Department Office by Oct. 1 or Feb. 1 for admission in the following semester.**

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>
<b>Caring:</b> compassionate, empathetic Comments:					
<b>Critical Thinking:</b> goal directed, creative, utilize a problem solving process Comments:					
<b>Communication:</b> Demonstrates effective speaking, writing, & listening skills Comments:					
<b>Personal Characteristics:</b> 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

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