

**SHARON REGIONAL HEALTH SYSTEM
SCHOOL OF NURSING**

CHARACTER REFERENCE FOR ADMISSION

Name of Applicant _____

TO BE COMPLETED BY THE APPLICANT :

Please note : In compliance with the Family Educational Rights and Privacy Act of 1974 as amended in 1981, an applicant is granted the right to relinquish access to letters of references.

To assure that your records are held in compliance with the law, Please check one of the following :

_____ I give up my right to read this letter of reference

_____ I **do not** give up my right to read this letter of reference

Applicant's Signature _____ Date _____

TO BE COMPLETED BY THE PERSON WRITING THE REFERENCE

The following applicant is being considered for admission to Sharon Regional Health System School of Nursing. In order to assess the applicant, the Admission Committee would appreciate your evaluation of the following characteristics. Please mark the column that applies for each characteristic.

CHARACTERISTICS	MOST OF THE TIME	SOME OF THE TIME	NONE OF THE TIME
Sincere			
Honest			
Reliable			
Responsible			
Adaptive			
Motivated			

Please respond to statements on the reverse side.

CHARACTER REFERENCE FOR ADMISSION

Reference Statements

1. I have known the applicant in the following capacity.

2. I have known the applicant for the following length of time.

3. Comments :

4. Recommendation :

I Recommend _____

I Do NOT Recommend _____

Signature: _____ **Date:** _____

Signature: _____

Print Please

Position: _____

Institution/ Company: _____

Phone Number: _____

Please send this letter to:

**Sharon Regional Health System
School of Nursing
740 E. State Street
Sharon, PA. 16146**

**SHARON REGIONAL HEALTH SYSTEM
SCHOOL OF NURSING**

ACADEMIC REFERENCE FOR ADMISSION

Name of Applicant _____

TO BE COMPLETED BY THE APPLICANT :

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To assure that your records are held in compliance with the law, Please check one of the following :

_____ I give up my right to read this letter of reference

_____ I **do not** give up my right to read this letter of reference

Applicant's Signature _____ Date _____

TO BE COMPLETED BY THE PERSON WRITING THE REFERENCE

The following applicant is being considered for admission to Sharon Regional Health System School of Nursing. In order to assess the applicant, the Admission Committee would appreciate your evaluation of the following characteristics. Please mark the column that applies for each characteristic.

CHARACTERISTICS	MOST OF THE TIME	SOME OF THE TIME	NONE OF THE TIME
Active Learner			
Verbal Expression			
Integrity			
Problem Solving			
Cognitive Flexibility			
Analytical Skills			
Application of Concepts			

Please respond to statements on the reverse side.

ACADEMIC REFERENCE FOR ADMISSION

Reference Statements

1. I have known the applicant in the following capacity .

2. I have known the applicant for the following length of time .

3. Comments :

4. Recommendation :

I Recommend _____

I Do NOT Recommend _____

Signature: _____ **Date:** _____

Signature: _____

Print Please

Position: _____

Institution/ Company: _____

Phone Number: _____

Please send this letter to:

**Sharon Regional Health System
School of Nursing
740 E. State Street
Sharon, PA. 16146**

**SHARON REGIONAL HEALTH SYSTEM
SCHOOL OF NURSING**

PROFESSIONAL REFERENCE FOR ADMISSION

Name of Applicant _____

TO BE COMPLETED BY THE APPLICANT :

Please note : In compliance with the Family Educational Rights and Privacy Act of 1974 as amended in 1981, an applicant is granted the right to relinquish access to letters of references.

To assure that your records are held in compliance with the law, Please check one of the following :

_____ I give up my right to read this letter of reference

_____ I **do not** give up my right to read this letter of reference

Applicant's Signature _____ Date _____

TO BE COMPLETED BY THE PERSON WRITING THE REFERENCE

The following applicant is being considered for admission to Sharon Regional Health System School of Nursing. In order to assess the applicant, the Admission Committee would appreciate your evaluation of the following characteristics. Please mark the column that applies for each characteristic.

CHARACTERISTICS	MOST OF THE TIME	SOME OF THE TIME	NONE OF THE TIME
Communication Skills			
Decision Making			
Self-Directed			
Team Player			
Organizational Skills			
Consistent Attendance			
Assertive			

Please respond to statements on the reverse side.

PROFESSIONAL REFERENCE FOR ADMISSION

Reference Statements

1. I have known the applicant in the following capacity

2. I have known the applicant for the following length of time

3. Comments :

4. Recommendation

I Recommend _____

I Do NOT Recommend _____

Signature: _____ **Date:** _____

Signature: _____

Print Please

Position: _____

Institution/ Company: _____

Phone Number: _____

Please send this letter to:

**Sharon Regional Health System
School of Nursing
740 E. State Street
Sharon, PA. 16146**