



**GRAHAM HOSPITAL SCHOOL OF NURSING**  
**Admissions Office**  
**210 W. Walnut**  
**Canton, IL 61520**  
**(309) 647-4086**  
**Fax (309) 649-5127**

**PERSONAL REFERENCE FORM**

**This section to be completed by applicant:**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

I do waive my right to read this form.                       I do not waive my right to read this form.

\_\_\_\_\_  
Signature

\*\*\*\*\*

**SPECIAL NOTE:**

Do not return this form to the applicant.

**Nondiscriminatory Policy**

Equal opportunities are provided for all who apply regardless of race, color, national origin, creed, sex, age, or marital status. Section 504 of the Rehabilitation Act of 1973 protects all handicapped persons against discriminatory treatment. The Graham Hospital School of Nursing does not discriminate in matters of sex, handicap, age, marital status, race, religion, or national origin in admission or access to, or treatment in its programs, or activities.

**PLEASE CONTINUE ON BACK SIDE**  
**THIS SECTION TO BE COMPLETED BY PERSON GIVING THE REFERENCE.**

Your evaluation of the applicant's personal qualifications is important in considering his/her interests and ability and will be handled confidentially. Please feel free to add an additional page for any other comments.

1. How long have you known the applicant? \_\_\_\_\_
2. What has been your contact with the applicant? \_\_\_\_\_
3. What do you consider this person's assets or strong characteristics? \_\_\_\_\_  
\_\_\_\_\_
4. Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place an X in the appropriate spaces below according to the following scale:

- 4 - Excellent                      2 - Unsatisfactory  
 3 - Satisfactory                1 - No Basis for Judgment

In each instance, please comment on the factors you considered in arriving at your rating.

	4	3	2	1	Comments
Adaptability					
Dependability					
Emotional Stability					
Initiative					
Integrity					
Judgment					
Leadership Ability					
Oral Expression					
Relationship with Peers or Co-workers					
Written Expression					

- Recommend this applicant       Hesitate to recommend       Do not recommend

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

PLEASE RETURN TO:  
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 Graham Hospital School of Nursing  
 210 W. Walnut  
 Canton, IL 61520