



GRAHAM HOSPITAL SCHOOL OF NURSING

**Admissions Office
210 W. Walnut
Canton IL 61520
(309) 647-5240 ext. 2347
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 waive my right to read this form.

I do not waive my right to read this form.

Signature

Date

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

THE FOLLOWING SECTION IS 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 is your relationship 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 3 – Satisfactory 2 – Unsatisfactory 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

Printed Name _____

Title/Occupation _____ Employer _____

Signature _____ Date _____

Address _____

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