LETTER OF REFERENCE

Name of Applicant ____________________________________________________________

(Last) (First) (Middle) (Maiden Name)

TO APPLICANT:
This letter should be given to a professor, counselor, supervisor, or mentor who is familiar with your academic ability and/or can speak to personal qualities such as motivation, maturity and capacity for growth.

Under the Family Educational Rights and Privacy Act, students enrolled at Saint Luke’s College have the right to inspect their files upon request. In order for the person from whom you have requested this Letter of Reference to know if you will have access to this letter or if it will be held in confidence, please sign one of the statements below. This waiving of your right to see this letter is not a requirement for admission.

I understand that students enrolled in Saint Luke’s College have the right to inspect their file upon request under The Family Educational Rights and Privacy Act. I, however, hereby DO WAIVE my right of access to this Letter of Reference.

I DO NOT WAIVE my right of access to this Letter of Reference.

________________________

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_____________________________________________

TO REFERENT: Saint Luke’s College appreciates your responding to the following areas of information.

When completed, please mail this reference directly to:

Saint Luke’s College of Health Sciences
Admissions Office
624 Westport Road
Kansas City, MO 64111

1. How long have you been acquainted with the applicant and in what capacity? __________________________

______________________________________________________________________________________________

2. What impresses you most about the applicant? _________________________________________________

______________________________________________________________________________________________

3. Are there any factors that may interfere with the applicant’s success in nursing? _________________

______________________________________________________________________________________________

4. Please rate the applicant on the following personal factors:

<table>
<thead>
<tr>
<th>QUALITY</th>
<th>VERY GOOD</th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>POOR</th>
<th>VERY POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
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<td>Communication Skills</td>
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<td>Dependability</td>
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<td>Honesty/Integrity</td>
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<td>Initiative</td>
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<td>Intellectual Ability</td>
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<td>Maturity</td>
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<td>Organizational Skills</td>
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<td>Sociability</td>
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</tbody>
</table>
5. Additional information relevant to this applicant.

6. Please mark the appropriate response regarding your recommendation of this candidate

____ Highly Recommend
____ Recommend
____ Recommend with reservation
____ Do Not recommend

__________________________________  __________________________
Date                                    Signature

__________________________________  __________________________
Print Name                               Organization

__________________________________  __________________________
Email or Phone Number                   Position

THANK YOU FOR COMPLETING THIS REFERENCE.
PLEASE RETURN THIS FORM DIRECTLY TO:

Saint Luke’s College of Health Sciences
Admissions Office
624 Westport Road
Kansas City, MO 64111

Do not return this by way of the student applicant.