Reference Form

Applicant Instructions
Please submit two professional references; professional or academic. Your references should be from two people who can speak to your educational history, scholarly capabilities and overall character. The applicant should complete the top area of the form and then forward this form to the person making the reference. The applicant may collect the letter in a sealed envelope with the reference’s signature across the closed envelope flap, or the reference can mail directly to the college.

Full name of applicant __________________________________________________________________________

Phone __________________________ Email address __________________________________________________

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.

Please check one choice and sign below before giving the document to your reference.

☐ 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.

Signature __________________________________________________________________________

Reference Instructions
The above-named individual is applying to Saint Luke’s College of Health Sciences. In addition to the application, we ask each applicant to supply references. Your cooperation in completing this form provides valuable information in the consideration to our program. This reference will not be released to the applicant. Please mail in a sealed envelope to:

Jill D. Lenox, Manager of Undergraduate Admissions
Saint Luke’s College of Health Sciences
624 Westport Road
Kansas City, Missouri 64111

Continued on next page.
I. How do you know the applicant?

___ As an employer
___ As an instructor
___ As a colleague
___ Other ________________________________

II. How long have you known the applicant?

III. Ratings of the applicant

Please evaluate the characteristics of the applicant below. Evaluation should be based on personal observation of characteristic/skill. Please keep in mind the applicant is aspiring to a professional occupation.

<table>
<thead>
<tr>
<th>Specific Characteristics</th>
<th>Low</th>
<th>Average</th>
<th>Good</th>
<th>Exceptional</th>
<th>Unable to Evaluate</th>
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<tbody>
<tr>
<td>Strength of interest to nursing</td>
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<td>Motivation/diligence</td>
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<td>Ability to get along/work with others</td>
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<td>Exhibits high degree of Integrity/Honesty/Ethics</td>
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<td>Demonstration of leadership skills</td>
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<td>Ability to organize work activities</td>
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<td>Ability to think through problems</td>
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<td>Communicate thoughts/facts clearly to others</td>
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<td>Dedication to work</td>
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<td>Looks to other persons needs first in the group</td>
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<td>Exhibits safety in performance of tasks</td>
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<td>Exhibits accuracy in performance of detailed tasks</td>
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</tbody>
</table>

Continued on next page.
IV. Comments: Please provide specific information supporting your above ratings to the applicant’s ability to completing a rigorous program. Please feel free to use this space or attach additional document no longer than one page double-spaced. Thank you for your time and effort.

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

_____ Recommend  _____ Recommend with reservation  ______ Do Not Recommend

Name (please print) ________________________________________________________________

Credentials _______________________________________________________________________

Daytime phone:____________________________ Email ___________________________________

Signature _____________________________________________________ Date _______________