

# Personal Reference Form

## Personal Information

LAST NAME *please print clearly* FIRST NAME MIDDLE NAME

NAME OF RECOMMENDER

**TO THE APPLICANT:** Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letter written in confidence in the long run are of greater utility in the assessment of a student's qualifications, abilities and promise.

A signature is required for either statement A or statement B below, indicating waiver of right to inspect this letter of reference.

A. I have waived my right to inspect this letter of reference and hereby inform referent that this letter will be kept strictly confidential.

APPLICANT'S SIGNATURE DATE

B. Referent is advised that I have retained my right to inspect his letter of reference and that, upon enrollment, I may have access to this recommendation..

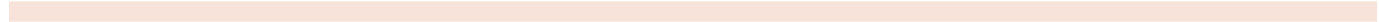
APPLICANT'S SIGNATURE DATE

**\*\*NOTE TO APPLICANT: Past employers, supervisors, and teacher are preferred.** Please use only **professional** references. A reference from either a relative or friend **will not** be accepted.

**NOTE TO RECOMMENDER:** You have been requested to complete this form. Your frank appraisal will assist the Admissions Committee evaluation the applicant's qualifications. Please return the form as soon as possible. If you do not wish to evaluate this applicant, please indicate on item 8 and return the form. The applicant will be contacted and an additional recommendation will be requested.

1. In what capacity and for how long have you known the applicant?  
As teacher, work supervisor or other (please specify) Length of Time
2. Describe observed strengths or weaknesses, evidence of maturity or immaturity.
3. Do you have reason to believe that the applicant has worthy and realistic professional goals? If yes, give your basis for this judgment and example(s). If no, please explain.

- 4. Do you feel that a conservative Christian lifestyle is important to this applicant, and that he/she supports the standards of his/her church?
  
  
  
- 5. Please describe any personality, physical or emotional characteristics that you feel may be important to the applicant’s success in the specified nursing program.
  
  
  
  
  
  
  
- 6. If you have other information that you feel would be significant to the Admissions Committee in the evaluation of the applicant’s qualifications, please provide that information in the space below.
  
  
  
  
  
  
  
- 7. In consideration of the total perspective, please give a final evaluation. If there are reservations, please explain.
  - Highly recommended  Recommended
  - Some reservations  Serious reservations
  
  
  
- 8.  I do not feel that I can adequately evaluate this candidate and would prefer that the candidate seek a recommendation from another individual.



***Please return this form to:***

Admissions  
 Southwestern Adventist University  
 100 W Hillcrest St  
 Keene, TX 76059

SIGNATURE \_\_\_\_\_

PRESENT POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_