



ArnotHealth

APPLICANT REFERENCE LETTER

Arnot School of Nursing
600 Roe Avenue, Elmira, NY 14905
(607) 737-4153 fax (607) 737-4116
email: charade.kittle@arnohealth.org

Please do not give reference forms to close friends or relatives. References should be at least 21 years of age.

Applicant: (First) (Middle) (Last)

Reference: The above candidate is applying for admission to the Arnot School of Nursing.

- How long have you known this applicant?
In what capacity?
Do you know of any factors that might interfere with the applicant's performance in a school of nursing?
Would you recommend this person to care for a member of your family?

Remarks:

Please indicate your impression of the applicant in the following categories:

Table with 6 columns: Outstanding, Above Average, Average, Below Average, Unable to Evaluate. Rows include Scholastic Ability, Dependability, Adaptability/Cooperativeness, Integrity, Initiative, Attendance/Punctuality, Appearance, Problem solving.

Comments on your above responses:

Three horizontal lines for writing comments.

Signature: Print name:

Position: Telephone:

Email: Date:

Action on this applicant awaits your response. Therefore, please promptly return this form to the applicant in a sealed envelope with your signature over the seal or return directly to the School of Nursing. Thank you.

Reference additional comments: