



*To the Reference:* The applicant below has given your name as a reference. He/she is applying to the Department of Nursing at University of Holy Cross. Please complete this form and return within two weeks. This form must be completed in full to be accepted.

Please email to the Department of Nursing at [KKish@uhcno.edu](mailto:KKish@uhcno.edu)  
OR

You may mail the form in a sealed envelope to:  
**ATTN: Department of Nursing**  
**4123 Woodland Drive**  
**New Orleans, LA 70131**

**To be completed by the applicant:**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

**Confidentiality**

University of Holy Cross conforms to the provision of the Family Educational rights and Privacy Act of 1974. Students enrolled in the Department of Nursing have access to recommendations written on their behalf unless they have waived that right.

**To the Applicant**

Please indicate your choice by dating and signing the appropriate statement. Note that you need not waive your right to access to this recommendation. Your decision is not a condition for admission, for an award of financial aid, or for any other benefits and services that you might receive from University of Holy Cross.

I hereby waive my right of access to this recommendation.

I do not waive my right of access to this recommendation.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

If the applicant waives the right of access to this recommendation, your evaluation will be held in confidence from the applicant and from all other parties except Department faculty and staff members responsible for admissions/progression. After enrollment in the Department, a student who has not waived the right of access by signing the appropriate statement on this form could be permitted to see the recommendation upon request.

**To be completed by the reference:**

Name of Applicant: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

Capacity in which applicant was known (Must not be a relative or significant other)

Please check the following based off of your experience with the applicant.

	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Not able to evaluate</b>
Ability to master academic subjects				
Ability to master motor skills				
Ability to problem solve				
Responsiveness to feedback				
Ability to work cooperatively with others				
Accountability				
Positive attitude				
Written Communication				
Verbal Communication				
Professionalism				
Leadership				
Emotional stability				
Character				

*If you taught this applicant, please indicate your overall evaluation of the applicant:*

I consider the applicant to be in the upper 5%, the upper 10%, the upper 50%, or the lower 50% of the students I have taught.

I would:

- recommend with enthusiasm
- recommend
- recommend with reservation
- not recommend

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please add any comments to the bottom/back of this form.