

Armstrong Atlantic State University  
**Graduate Program in Nursing**  
 Application for Admission

**Reference Form**

Directions: Fill in the top portion of the reference form. Give the reference form to three (3) individuals who can attest to your professional competence and/or academic abilities. Provide the referent with a stamp addressed envelope to return the completed reference form to:

**Graduate Enrollment Services**  
**Armstrong Atlantic State University**  
**Graduate Program in Nursing**  
 2<sup>nd</sup> Floor, Victor Hall  
 11935 Abercorn Street  
 Savannah, Georgia 31419-1997

**I. To Be Completed By Applicant:**

Name: \_\_\_\_\_ Last 4 numbers of SSN: \_\_\_\_\_  
           (Last)                    (First)                    (M.)

I, \_\_\_\_\_, am applying for admission to the Graduate Nursing Program. Under the provisions of the Family Education Rights and Privacy Act of 1974. I must decide whether reference letters written at my request are to be confidential or are to be available for my personal inspection. I have indicated below my choice in the matter.

Confidential file. I grant permission for this letter of recommendation to be held confidential by Armstrong Atlantic State University.

Open file. I retain the right of having letters of reference available to me.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**II. To Be Completed By Referent:**

We appreciate you taking time to complete this reference form. A frank statement of your opinion will assist us in determining the applicant's desirability as a graduate nursing student.

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity have you known the applicant? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Please continue to page 2**

### Reference Form

Please rate the applicant in comparison to other nurses or students (in the same field of study of clinical area) with whom you have been acquainted.

	Superior	Very Good	Good	Fair/Poor	Not Observed
Depth of knowledge					
Clinical skills performance					
Interactive skills					
Maturity					
Leadership ability					
Creativity					
Independence					
Integrity					
Initiative					
Perseverance					
Other: (please list below)					
1. _____					
2. _____					
3. _____					

Please comment on the applicant's special skills or strengths:

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\_\_\_\_\_  
Referent Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Signature of Referent

**Please return completed form to: Graduate Enrollment Services, Armstrong Atlantic State University, 2<sup>nd</sup> Floor-Victor Hall, 11935 Abercorn Street, Savannah, 31419-1997.  
Telephone 912.344.2798/Fax 912.344.3488. E-mail: [Graduate@armstrong.edu](mailto:Graduate@armstrong.edu) .**