

## Confidential Admissions Reference

Name of Applicant: \_\_\_\_\_  
*Last* *First*

The above-named person has given your name as a reference in applying to our college. The Admissions Committee would appreciate your help in evaluating this candidate. Personal qualities as well as knowledge and skill are very important in the practice of professional nursing or radiography. This reference is considered along with the academic record and interview. Your response will remain confidential.

◆ ◆ ◆ PLEASE ANSWER AS COMPLETELY AS POSSIBLE ◆ ◆ ◆

1. I am known to this candidate as his/her:  
 Professor/teacher (please indicate course taught): \_\_\_\_\_  
 Employer/supervisor (please indicate name of organization): \_\_\_\_\_  
 Other (please describe): \_\_\_\_\_

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

3. What do you consider to be the applicant's chief strength?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What elements of the applicant's character do you feel support their entry into the health care profession?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please identify areas for improvement in this candidate (give examples if possible)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Further information you feel would be useful to us:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please continue >*

Listed below are qualities which we believe are important for persons pursuing nursing or radiography. Please indicate your rating of this applicant based on the criteria as stated. Please comment in the right hand column if your choice is “superior” or “below average”.

**Superior:** someone who exhibits this quality at all times

**Above Average:** someone who consistently demonstrates the quality

**Average:** someone who typically/usually demonstrates the quality

**Below Average:** someone who rarely or never demonstrates the quality

	Superior	Above Average	Average	Below Average	Comments
<b>Mature/Self Confident</b>					
<b>Broad-minded</b>					
<b>Neat/Orderly</b>					
<b>Caring/ Compassionate/ Respectful</b>					
<b>Attendance/Punctuality</b>					
<b>Attentive to Details</b>					
<b>Motivated</b>					
<b>Adaptable/Flexible</b>					
<b>Responsible</b>					
<b>Accountable</b>					

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

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

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

**Applicants who have attended another nursing or radiography program must have the following completed by the program dean/director and most recent clinical instructor.**

**Is the applicant eligible to return to your program?**     Yes             No

Deans/Directors and clinical faculty, please share information related to this candidate’s performance in your nursing or radiography program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send the reference material back to the applicant in a sealed envelope. After sealing the envelope, please sign your name across the seal. Personal qualities as well as knowledge and skill are very important. The reference is considered along with the academic record and interview. Your response will remain confidential. Please include as much detail as possible.

**Questions?** Please contact the Admissions Coordinator at [LMRCAdmissions@tuftsmc.edu](mailto:LMRCAdmissions@tuftsmc.edu) or 781-306-6657