## LAWRENCE MEMORIAL/REGIS COLLEGE

## **Confidential Admissions Reference**

Nan	Name of Applicant:					
	Last	First				
woul impo	above-named person has given your name as a reference in all appreciate your help in evaluating this candidate. Person ortant in the practice of professional nursing. This reference review. Your response will remain confidential.	nal qualities as well as knowledge and skill are very				
	♦ ♦ PLEASE ANSWER AS COME	LETELY 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 of the please describe): ☐ Other (please describe):	ntion):				
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 su	oport their entry into the nursing profession?				
5.	Please identify areas for improvement in this candidate (g	ive 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. 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		
Mature/Self Confident							
Broad-minded							
Neat/Orderly							
Caring/ Compassionate/ Respectful							
Attendance/Punctuality  Attentive to Details							
Motivated							
Adaptable/Flexible							
Responsible							
Accountable							
Signature:	Position:						
Print Name:							
Address:							
					_		
Applicants who have a dean/director and mos			gram must	have the fol	lowing completed by the program		
Is the applicant eligible	e to return to you	r program?	□ Yes	□ N	Io		
Deans/Directors ar nursing program:	Deans/Directors and clinical faculty, please share information related to this candidate's performance in your nursing 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@tuftsmedicine.org or 781-306-6649