

# Personal Reference

## School of Nursing

### FOR NURSING STUDENTS ONLY

*A. This portion to be completed by applicant.*

Please see the first page of this application for additional items to be submitted. Complete section A and give this form to someone who has observed you in an academic setting for a reasonable period of time. This should be an employer or community leader for whom you have worked or volunteered. Please furnish the evaluator with a stamped envelope addressed to: Office of Undergraduate Admissions, Azusa Pacific University, 901 E. Alosta Ave., PO Box 7000, Azusa, CA 91702-7000.

Applicant's name \_\_\_\_\_  
last first middle Social Security #

Address \_\_\_\_\_  
street city state ZIP

The Family Educational Rights and Privacy Act of 1974 permits a matriculated student to have access to his/her file unless a waiver of that right has been signed. If you wish to waive your rights to access your file, sign your name in the space provided. The waiver is NOT required as a condition of admission.

*I hereby waive my right of access to this letter of recommendation.*

\_\_\_\_\_ date  
applicant's signature

*B. This portion to be completed by a current or recent employer or community leader.*

The above-named applicant is applying for admission to Azusa Pacific University. The Office of Undergraduate Admissions finds candid, thorough evaluations invaluable to the decision-making process. Please include any information you feel is pertinent, and remember that your prompt appraisal of the candidate will help to ensure full consideration. Thank you.

1. Please rate the applicant in each of the following areas:

	Excellent (Top 15%)	Good (Top third)	Average (Middle third)	Poor (Bottom third)	Do not know
Ability to work well with others					
Conceptual ability					
Consistency					
Creativity					
Flexibility					
Initiative					
Integrity					
Leadership					
Maturity					
Motivation					
Sensitivity					

2. How long have you known the candidate and in what capacity? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. What do you consider to be the applicant's outstanding talents or strengths? (Please give specific examples.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. What do you consider to be the applicant's major weaknesses? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. How well do you think the applicant has thought out his/her plans for this program of study? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. I  *recommend*  *do not recommend*  *recommend with reservation* this individual for enrollment in the School of Nursing.

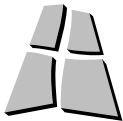
Name \_\_\_\_\_ Position/Occupation \_\_\_\_\_  
first middle last

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
street city state ZIP

\_\_\_\_\_  
signature date

**Please return to:**



**AZUSA PACIFIC**  
 U N I V E R S I T Y

**Office of Undergraduate Admissions**  
 901 E. Alostia Ave.  
 PO Box 7000  
 Azusa, CA 91702-7000  
 800-TALK-APU  
 626-812-3016  
 www.apu.edu