

PROFESSIONAL REFERENCE LETTER - #1
EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL

SCHOOL OF NURSING: **Hudson County Community College- Nursing Program**

SCHOOL ADDRESS: **870 Bergen Avenue- 1st Floor**
Jersey City, New Jersey 07306

***Applicants to the above named institution are selected in accordance with
nondiscriminatory practices.***

The below named applicant is a candidate for admission to this Nursing Program. We would appreciate your evaluation of the applicant's performance and evaluation. Your comments will be used by the faculty members to help them arrive at a better understanding of this applicant. Your cooperation in completing and promptly returning this form will assist both the applicant and the Nursing Program.

NAME OF APPLICANT: _____
(Last Name) (First Name) (MI)

HOME ADDRESS: _____
(Number and Street)

(City) (State) (Zip Code)

Pursuant to recent federal law, a student admitted to this Nursing Program is entitled to inspect this evaluation in his or her file, unless the student has signed a waiver of this right of access. However, the Program does not require a waiver as a condition for admission to, receipt of financial aid from, or receipt of any other services or benefits from the Program. Applicants submitting names of individuals for letters of recommendation, therefore, are free to determine whether or not they wish to waive their potential right to examine such evaluations.

WAIVER

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student at this school and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to this School of Nursing. *If you elect to waive your rights of access to and review of this information, please sign your name.*

(Date)

(Applicant's Signature)

Please return this form directly to the Nursing Program

EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL

How long have you known this applicant? _____

In what capacity?

What do you consider the chief qualities of strength or weakness of this applicant? If possible, give illustrations.

In what activities has this applicant taken active part?

Identify experiences that might have influenced the development of this applicant.

Additional comments:

If the applicant's signature appears at the end of the paragraph identified as "waiver" on the reverse side of this form, you can be assured that your evaluation will not be reviewed by the applicant. If the applicant has not signed the waiver and enrolls at this Program, then the applicant will have the right to review your evaluation.

Date: _____ Signature: _____

Position / Title: _____

PROFESSIONAL REFERENCE LETTER - #2
EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL

SCHOOL OF NURSING: **Hudson County Community College – Nursing Program**

SCHOOL ADDRESS: **870 Bergen Avenue- 1st Floor**
Jersey City, New Jersey 07306

***Applicants to the above named institution are selected in accordance with
nondiscriminatory practices.***

The below named applicant is a candidate for admission to this Nursing Program. We would appreciate your evaluation of the applicant's performance and evaluation. Your comments will be used by the faculty members to help them arrive at a better understanding of this applicant. Your cooperation in completing and promptly returning this form will assist both the applicant and the Nursing Program.

NAME OF APPLICANT: _____
(Last Name) (First Name) (MI)

HOME ADDRESS: _____
(Number and Street)

(City) (State) (Zip Code)

Pursuant to recent federal law, a student admitted to this Nursing Program is entitled to inspect this evaluation in his or her file, unless the student has signed a waiver of this right of access. However, the Program does not require a waiver as a condition for admission to, receipt of financial aid from, or receipt of any other services or benefits from the Nursing Program. Applicants submitting names of individuals for letters of recommendation, therefore, are free to determine whether or not they wish to waive their potential right to examine such evaluations.

WAIVER

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student at this school and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to this School of Nursing. *If you elect to waive your rights of access to and review of this information, please sign your name.*

(Date)

(Applicant's Signature)

Please return this form directly to the Nursing Program

EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL

How long have you known this applicant? _____

In what capacity?

What do you consider the chief qualities of strength or weakness of this applicant? If possible, give illustrations.

In what activities has this applicant taken active part?

Identify experiences that might have influenced the development of this applicant.

Additional comments:

If the applicant's signature appears at the end of the paragraph identified as "waiver" on the reverse side of this form, you can be assured that your evaluation will not be reviewed by the applicant. If the applicant has not signed the waiver and enrolls at this School, then the applicant will have the right to review your evaluation.

Date: _____

Signature: _____

Position / Title: _____