

Bedford County School of Practical Nursing Student Applicant Reference

The applicant listed below is a candidate for admission to our Practical Nursing program. Please provide below your estimate of the applicant's suitability for nursing. Your comments will be kept for use only by the admissions committee of this school of nursing. Thank you.

Name of Applicant: _____

1. How long have you known the applicant and in what capacity?

2. What do you consider the chief strengths and weaknesses of the applicant?

3. Please comment on the following characteristics of the applicant:

A. Attitude

B. Character

C. Ability to work with other people

D. Dependability

4. Additional comments:

5. Please indicate whether or not you endorse this applicant as a suitable candidate for the Bedford County School of Practical Nursing. Yes _____ No _____

Signature

Date

Position

Please return this form to: Bedford County School of Practical Nursing
c/o Bedford Science & Technology Center
600 Edmund Street
Bedford, VA 24523

*High School Deadline: Last business day of December
Adult Deadline: Last business day of January*