

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

Please comment briefly on the applicant's planning and organizational abilities. _____

Please comment on the applicant's ethics and integrity. _____

What do you consider to be the applicant's strengths? _____

Please provide additional information about any aspect of the applicant's record, personal qualities, potential or special interests that you believe would be helpful to the Admissions Committee as it evaluates this applicant. Thank you for your cooperation in this process.

Overall, what would be your recommendation in regard to the applicant attending the graduate program for nurse anesthesia training at St. Joseph Hospital School of Anesthesia for Nurses:

- _____ I recommend
- _____ I recommend with reservation
- _____ I do not recommend

Signature of evaluator _____ Title _____ Date _____

Name and address _____

To enable the applicant to have his or her application considered in a timely fashion, please return to us as soon as possible. If additional space is needed, please use the reverse side of this form, or an attached sheet. use the reverse of this form, or an attached sheet.

Thank you for your generous assistance.

St. Joseph Hospital School of Anesthesia for Nurses complies with Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act of 1991 banning discrimination on the basis of disability. Under these regulations, St. Joseph Hospital School of Anesthesia for Nurses may not inquire prior to admission as to whether an applicant is disabled. Those who write letters of reference should not refer directly or indirectly to an applicant's disability. Information regarding disabilities, voluntarily given or inadvertently received, will not affect admission decisions.