
SAINT LUKE'S COLLEGE*Bachelor of Science in Nursing*8320 Ward Parkway, Suite 300
Kansas City, MO 64114
Phone: (816) 932-2367
slc-admissions@saint-lukes.edu**LETTER OF REFERENCE****Name of
Applicant** _____

(Last)

(First)

(Middle)

(Maiden Name)

TO APPLICANT:

This letter should be given to a professor, counselor, supervisor, or mentor who is familiar with your academic ability and/or can speak to personal qualities such as motivation, maturity and capacity for growth.

Under the Family Educational Rights and Privacy Act, students enrolled at Saint Luke's College have the right to inspect their files upon request. In order for the person from whom you have requested this Letter of Reference to know if you will have access to this letter or if it will be held in confidence, please sign one of the statements below. This waiving of your right to see this letter is not a requirement for admission.

I understand that students enrolled in Saint Luke's College have the right to inspect their file upon request under The Family Educational Rights and Privacy Act. I, however, hereby DO WAIVE my right of access to this Letter of Reference.

I DO NOT WAIVE my right of access to this Letter of Reference.

TO REFERENT: Saint Luke's College appreciates your responding to the following areas of information.**When completed, please mail this reference directly to:**

**Saint Luke's College
Admissions Office
8320 Ward Parkway, Suite 300
Kansas City, MO 64114**

1. How long have you been acquainted with the applicant and in what capacity? _____

2. What impresses you most about the applicant? _____

3. Are there any factors that may interfere with the applicant's success in nursing? _____

4. Please rate the applicant on the following personal factors:

QUALITY	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR
Critical Thinking					
Communication Skills					
Dependability					
Honesty/Integrity					
Initiative					
Intellectual Ability					
Maturity					
Organizational Skills					
Sociability					

❖ If any of the above factors have been marked "Very Poor", please explain on back of form.
(over)

5. Additional information relevant to this applicant.

6. Please mark the appropriate response regarding your recommendation of this candidate for a professional nursing career.

____ Highly Recommend

____ Recommend with reservation

____ Recommend

____ Do Not recommend

Date

Signature

Print Name

Organization

Position

**THANK YOU FOR COMPLETING THIS REFERENCE.
PLEASE RETURN THIS FORM DIRECTLY TO:**

Saint Luke's College
Admissions Office
8320 Ward Parkway, Suite 300
Kansas City, MO 64114

Do not return this by way of the student applicant.