

ESTIMATE OF SUITABILITY

ESTIMATE OF APPLICANT'S SUITABILITY FOR NURSING FROM PREVIOUS NURSING PROGRAM ADMINISTRATOR

PLEASE PRINT

Name of applicant: _____
Last First Middle Initial/Maiden

_____ Street address City/State Zip

I authorize release of information:

APPLICANT MUST SIGN Signature of Applicant Date

The above applicant is a candidate for admission to Lutheran School of Nursing. We request your estimate of the applicant's suitability for nursing. Your reference will be used by the admissions committee and will not become a part of the graduate's cumulative record. (If additional space is needed, please use reverse side.)

1. How long and in what capacity have you known the applicant?
2. What are the applicant's chief strengths and weaknesses? If possible, give illustrations.
3. Has there been reason for you to question the applicant's moral character and/or integrity?
4. Reason for leaving your nursing program.
5. Is applicant eligible to return to your school? If no, please explain.
6. Please indicate whether or not you endorse the applicant as a suitable candidate for nursing.
 Endorse With Enthusiasm Endorse Do Not Endorse
Please give reasons for your answer.

PLEASE PRINT

Name : _____
Last First Title

Signature: _____

Position: _____

School: _____

Please return this form directly to:

LUTHERAN SCHOOL OF NURSING
Office of Admissions
3547 South Jefferson Avenue
St. Louis, Missouri 63118