

# CONFIDENTIAL REFERENCE FORM

## Nursing

Return to: New Hampshire Technical Institute  
 Admissions Office  
 31 College Dr  
 Concord NH 03301-7412

To be completed by applicant: *(Please Print)*

Name of Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_

I waive any right to examine this evaluation. Signature: \_\_\_\_\_

I grant permission to NHTI to contact this reference: Signature: \_\_\_\_\_

**To be completed by Reference:**

The above named applicant is a candidate for admission to the nursing program at NHTI/Concord. We would appreciate your candid evaluation of the applicant's past performance and potential for success in the nursing program. If the applicant has agreed to the above waiver, NHTI will treat this evaluation with confidence. When you have completed this form, please sign it and mail it directly to the Admissions Office.

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Your relationship to applicant: \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_

	EXCELLENT	GOOD	FAIR	POOR
Communication Skills – Verbal				
Communication Skills – Written				
Ability to work well with others				
Ability to work under pressure				
Ability to attend to details				
Demonstrates problem-solving skills				
Is empathetic				
Exhibits a positive attitude				
Is accountable for actions				

Describe particular strengths and weaknesses of the applicant that would affect performance in nursing school. Please use reverse or attach an additional sheet.

Date: \_\_\_\_\_ Signature \_\_\_\_\_