



**LAKEVIEW**  
COLLEGE OF NURSING

# Admission Reference Request Form

**Part I:** To be completed by the applicant.

**Instructions:** Please request references from a recent employer or an educator. This reference should not be a personal friend or relative.

Prospective Student's Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Federal Law requires that all references and placement materials be open for inspection upon student's request.

**Part II:** To be completed by the person writing the reference.

**Instructions:** Your name has been provided by the person identified above to assist us in completing an admission record which will help us determine this person's suitability for admission to LAKEVIEW COLLEGE OF NURSING. Your cooperation in completing and promptly returning this form will assist the applicant and facilitate the admission process.

_____ Name of Reference (Please Print)	_____ Title
_____ Address	_____ City State Zip
(_____)_____ Area Code and Phone Number	_____ E-mail Address

I attest to the accuracy of the information provided within this reference.

\_\_\_\_\_  
Signature of Reference

- How long have you known the applicant?  
 Less than 6 months       1 to 3 years       I do not know this person  
 6 months to 1 year       More than 3 years      **(Do not complete this form)**
- My association with the applicant is/was as a:  
 Coworker       Instructor       Clergyman       Employer
- My association with the applicant is/was:  
 Daily       Weekly       Monthly       Once a year       Twice a year
- I last associated with the applicant:  
 This past week       The last 6 months       the past 3 years  
 This past month       The past 12-18 months       More than 3 years ago
- Would you recommend the applicant for admission to LAKEVIEW COLLEGE OF NURSING?  
 Yes       No (Please explain in the space provided in number 7)
- Do you have any reason to question this applicant's honesty and trustworthiness?  
 No       Yes (Please explain in the space provided in number 7)

**PLEASE PROCEED TO CONTINUATION ON NEXT PAGE**

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7. What do you consider the chief qualities of strength or weakness of the applicant? If possible, please give illustrations.

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8. Please rank the areas where you feel knowledgeable concerning this applicant.

**1=Superior      2=Good      3=Average      4=Below Average      5=Do Not Know**

\_\_\_\_ Industriousness    \_\_\_\_ Reliability    \_\_\_\_ Maturity    \_\_\_\_ Cooperation    \_\_\_\_ Caring

\_\_\_\_ Personal Appearance    \_\_\_\_ Motivation    \_\_\_\_ Punctuality    \_\_\_\_ Attendance    \_\_\_\_ Social Adaptability

9. Please provide any additional comments about the applicant. (If necessary, you may use additional paper)

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Thank you for your cooperation in providing this reference. Please either return this reference directly to the applicant in a sealed envelope with your signature across the seal OR mail directly to LAKEVIEW COLLEGE OF NURSING at the address listed below:

**Lakeview College of Nursing**  
**Attn: Connie Young, Director of Enrollment/Registrar**  
**903 N. Logan Avenue**  
**Danville, IL 61832**  
[cyoung@lakeviewcol.edu](mailto:cyoung@lakeviewcol.edu)    Phone #: 217/709-0931