Request for Recommendation
Geisinger Lewistown Hospital School of Nursing

Public Law 93-380 grants applicants the right to have access to or the right to relinquish access to their recommendations.

Section I: To be completed by the applicant.

To ensure that your records are held in compliance with the law, please check one:

_______ I give up my right to read this recommendation

_______ I do not give up my right to read this recommendation

I hereby request that _______________________________ complete this recommendation.
(print name of person completing recommendation)

______________________________________________  __________________________
Applicant’s Signature                           Date

______________________________________________  __________________________
Address                                      City                State            Zip Code

______________________________________________
Please print name as it appears above

Applicants are not to obtain recommendations from peers or relatives.
Section II: To be completed by the person giving the recommendation.

The above applicant is a candidate for admission to the Geisinger Lewistown Hospital School of Nursing. Your comments will be used by the Admissions Committee to assist them in making an admission decision. You may use additional sheets of paper if needed. Thank you for your prompt return of this form.

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

2. Please summarize the characteristics of the applicant that you believe would lead to success in the profession of nursing.

3. Please describe the applicant's strengths and weaknesses as you believe they relate to success in an educational program.

I recommend this applicant for admission to the School of Nursing

I do not recommend this applicant for admission to the School of Nursing

_________________________________________  __________________________
Signature                                                   Date

_________________________________________
Occupation

_________________________________________
Phone

Address

*Please place this letter in a sealed envelope with your signature over the seal and give to the applicant to return in his/her completed application packet.