



Admissions Reference Form for BSN Programs

PLEASE RETURN ALONG WITH APPLICATION TO:
GSW School of Nursing
Attn: Student Services Coordinator
800 Georgia Southwestern State University Drive
Americus, Georgia 31709

To the Applicant: Complete the information in this section and then forward this form to the person who is recommending you for admission. Two recommendations are required to complete your application packet for admission to the School of Nursing.

Name _____
Last First Middle Maiden Name

Address _____
Street Address/P.O. Box City State Zip

Email:

Telephone Home Cell

Program Track: Traditional Accelerated RN-BSN LPN-BSN

The Family Education Rights and Privacy Act of 1974 provides you access to any letters of recommendation written about you, but recommendations in confidence carry greater weight. Therefore, you may wish to consider waiving your right of access to this letter of recommendation.

I hereby waive do not waive my right of access to this letter of recommendation

Applicants Signature _____ Date _____

To the Person Completing the Recommendation: You are requested to complete this form and return **it to the person who made the request in a sealed envelope with your signature across the flap.** The applicant to the School of Nursing must submit an application packet complete with two recommendations to the School of Nursing at Georgia Southwestern State University. For your information, please note in the section above whether or not the applicant has waived access to this recommendation.

Name _____ Position _____

Employer _____ Address _____

How long have you known the applicant? _____ In what capacity? _____

Would you like to be contacted about this applicant? _____ Telephone _____

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