

Mifflin County Academy of Science & Technology
PRACTICAL NURSING PROGRAM APPLICANT REFERENCE
"Preparing Nurses for the Future of Health Care"

Applicant Name: _____

Deadline Date: _____

The remainder of this form is to be completed by the person giving the recommendation. The student listed above is applying for admission to the Mifflin County Academy of Science & Technology's Practical Nursing Program. 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.

Please indicate with your initials:

I recommend this applicant for admission to the Practical Nursing Program.

Yes

No

I give permission for the applicant to review this reference upon request.

Signature

Date

Printed Name and Occupation

Phone

Address

*Please place this form in a sealed envelope with your signature over the seal and give to the applicant to return with his/her completed application packet or mail directly to the program at: The Academy Practical Nursing Program
Admissions Reference
700 Pitt Street
Lewistown, PA 17044