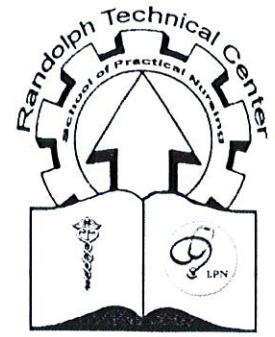


RANDOLPH TECHNICAL CENTER
SCHOOL OF PRACTICAL NURSING

200 Kennedy Drive
Elkins, WV 26241

Telephone: (304) 636-9195 Fax: (304) 636-9169



Reference/Recommendation Form
(Postmarked by September 28, 2018)

Name of Applicant: _____

To Whom It May Concern:

Thank you for your assistance in the interest of the above-named applicant to the LPN Program at the Randolph Technical Center. Please complete this form and return it to us **postmarked by September 28, 2018**. It will play a role in our selection process, so please answer all the questions as completely and as fairly as possible. **Please remember, relatives and/or significant others CANNOT be used as references.**

1. In what capacity, do you know the applicant?

2. What do you consider the applicant's?

A. Strengths:

B. Weaknesses:

3. Please rate the following characteristics on a 1-5 scale with 1 being poor and 5 excellent:

	Poor	Fair	Average	Very Good	Excellent
A. Initiative	1	2	3	4	5
B. Punctuality	1	2	3	4	5
C. Integrity	1	2	3	4	5
D. Dependability	1	2	3	4	5

4. Please provide a brief statement concerning the student's personality, involvement in community activities, and leadership potential.

5. Would you recommend this person for the Licensed Practical Nursing Program?

_____ Yes _____ No _____ With Reservations

COMMENT: _____

6. Please add any additional comments about this applicant to the back of this sheet.

Print Name: _____

Signature: _____

Date: _____

Place of Business: _____

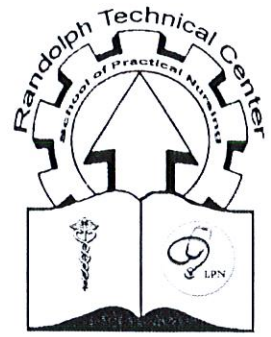
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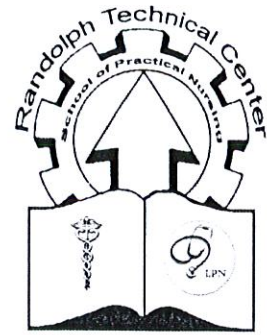
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