

EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF BACCALAUREATE AND GRADUATE NURSING
NURSING SCHOOL DIRECTOR REFERENCE

Name Title Mailing Address

School Name Phone

Please return to:

Eastern Kentucky University
Department of Baccalaureate and Graduate Nursing
Baccalaureate Nursing Admissions Committee, c/o Dr. Judy Short, Chair
Rowlett 223, 521 Lancaster Avenue,
Richmond, KY 40475

The following student, _____, _____,
Name SS or ID #
reports being enrolled in your nursing program. The student was enrolled: _____.
Month/Year to Month/Year

Was the student satisfactory in all areas of clinical and classroom performance while enrolled in your program?

YES _____ NO _____

Please indicate any deficiencies in the last course(s) taken by checking the appropriate categories below:

- ___ Nursing theory grade below passing
- ___ Clinical grade of unsatisfactory
- ___ Withdrew from course(s) in which was deficient in either classroom or clinical performance at the time of withdrawal
- ___ Other (please describe)

Did this student **apply for readmission** to your program? YES _____ NO _____

Is this student **eligible for readmission** to your program? YES _____ NO _____

If not eligible for readmission, please list reasons:

Please comment on your opinion regarding the applicant's potential for success.

Signature: _____, _____
Nursing Program Director Date

Revised 8/06

(STUDENT MUST COMPLETE THIS FORM AND SIGN BEFORE MAILING)

I, _____, do / do not (circle one) waive the right under the Buckley Amendment to inspect this reference which will be filed in my student record.

Student Signature

Date

Revised 8/06