

**Letter of Reference**  
**Master of Science in Health Sciences**



**Return Reference form to:**

*Excelsa Health School of Anesthesia*  
813 Ligonier Street  
Latrobe, PA 15650

**Application:** Please read the following paragraph below very carefully and check off either "confidential" or "non-confidential" in the appropriate space prior to giving this form to the individual writing the recommendation

Name of Applicant: \_\_\_\_\_

The applicant has chosen that this statement be \_\_\_\_\_ **confidential** or \_\_\_\_\_ **non-confidential**, according to the Family Education Rights and Privacy Act of 1974. Confidential references are prepared for the use of the graduate admissions committee only, and should not be shown to the candidate. Non-confidential references may be viewed by the candidate.

The following information will be used in making an evaluation of the applicant's strengths and weaknesses as related to graduate study. Please use additional paper if necessary.

1. In what professional and/or personal capacity and for how long have you known the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. How well does the applicant express himself/herself orally? In written form?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Please comment on the applicant's analytical ability to give professional nursing care:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Please comment on the applicant's interpersonal skills, both with individuals and with groups.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Please discuss any special factors in the applicant's background which demonstrate motivation and preparation for graduate work.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

