GORDON STATE COLLEGE
DEPARTMENT OF NURSING

An applicant to the Associate Degree Nursing Program at Gordon State College who has been previously enrolled in an AD, BSN or Diploma Program must submit two (2) reference forms. One form must be from the Director of the Nursing Program attended and one from a nursing faculty member. Both forms must be completed and mailed to the School of Nursing address listed below.

TO BE COMPLETED BY APPLICANT:

NAME: _____ Gordon State Student ID#: _____

ADDRESS: _____

NAME OF INSTITUTION OR PROGRAM ATTENED: _____

DATES ATTENDED: _____

TYPE OF NURSING PROGRAM: (CHECK ONE): _____ Associate Degree

_____ Baccalaureate Degree

_____ Diploma

_____
_____
_____
_____
_____
_____
_____
_____

I authorize the release of all requested and pertinent information from the person and institution receiving this form to the School of Nursing and Health Sciences at Gordon State College.

_____ _____
APPLICANT SIGNATURE DATE

Director of Nursing Program

TO BE COMPLETED BY THE PERSON PROVIDING REFERENCE INFORMATION:

Applicant Name: _____ GCID #: _____

Dates and Student's enrollment in your Nursing Program: _____

Reason for leaving:

_____ Academic Difficulty

_____ Disciplinary Action – What type? _____

_____ Voluntary or Personal Reasons

Was this student asked to withdraw from your Nursing Program? _____ Yes _____ No

If yes, please state reason (s) _____

_____

Is this student eligible to re-enter your Nursing Program? _____ Yes _____ No

Please evaluate the student's competency in Nursing Theory.

_____

_____

_____

_____

Please evaluate the student's competency and performance in the clinical setting.

_____

_____

_____

_____

Did you personally observe and/or instruct this student? _____ Yes _____ No

_____ _____

NAME TITLE OR POSITION

Please return this form to:

Gordon State College
Department of Nursing
ATTN: Jennifer Alford
419 College Drive
Barnesville, Georgia 30204
OR email: nursing@gordonstate.edu

Faculty Member – Nursing Program

TO BE COMPLETED BY THE PERSON PROVIDING REFERENCE INFORMATION:

Applicant Name: _____ GCID#: _____

Dates and Student's enrollment in your Nursing Program _____

Reason for leaving:

_____ Academic Difficulty

_____ Disciplinary Action – What type? _____

_____ Voluntary or Personal Reasons

Was this student asked to withdraw from your Nursing Program? _____ Yes _____ No

If yes, please state reason (s) _____

_____

Is this student eligible to re-enter your Nursing Program? _____ Yes _____ No

Please evaluate the student's competency in Nursing Theory.

_____

_____

_____

_____

Please evaluate the student's competency and performance in the clinical setting.

_____

_____

_____

_____

Did you personally observe and/or instruct this student? _____ Yes _____ No

_____ _____

NAME TITLE OR POSITION

Please return this form to:

Gordon State College
Department of Nursing
ATTN: Jennifer Alford
419 College Drive
Barnesville, Georgia 30204
OR email: nursing@gordonstate.edu