

Admissions Reference Form for BSN Programs

(This form can be returned via Email)
GSW School of Nursing
Attn: Student Services Coordinator
800 Georgia Southwestern State University Drive
Americus, Georgia 31709

Applicant: Complete this form and then forward this to the person who is recommending you for admission. Two recommendations are required to complete your application packet for admission to the School of Nursing.

Name _____
Last First Middle MaidenName

Address _____
StreetAddress/P.OBox City State Zip

Email: _____

Traditional 2nd Degree BSN RN-BSN LPN-BSN

The Family Education Rights and Privacy Act of 1974 provides you access to any letters of recommendation written about you, b

ApplicantsSignature _____ Date

To the Person Completing the Recommendation: You are requested to complete this form and return it to the person who made the request in a sealed envelope with your signature across the flap OR via email to nursing@gsw.edu

