

## Admissions Reference Form for ASN Program

(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.O.Box City State Zip

Email: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

The Family Education Rights and Privacy Act of 1974 provides you access to any letters of recommendation written about you, but recommendations in confidence carry greater weight. Therefore, you may wish to consider waiving your right of access to this recommendation.

