Hig h School Student Reference Form Guaranteed Admissions Program

Please return via email: nursing@gsw.eduor mail to:

GSW School of Nursing

GSW School of Nursing
Attn: Student Services Coordinator
800 Georgia southwestern State University Drive
Americus, GA 31709

ivaille <u>.</u>	Last	First	Middle	
Address	etAddress/P.OBox	011		
Stree	tAddress/P.OBox	City	State	Zip
Email:				
Telephone:	Home	Cell		
	ons in confidence carry	cy Act of 1974 provides you acce greater weight. Therefore, you n		mmendation written about you, but ving your right of accleate toofhis
I hereby wai	ve do not waiv	e my right of access to this letter	of recommendation	
ApplicantsSigna	ture —		——— Date	e
To the Person(Completing the Recor	mmendation:You		the personwho
The applicant	to the School M ursing y. For your informati		tions to the School of	to nursing@gsw.edu Nursing at Georgia Southweste the applicant has waived acces
Name			Position	
Employer		Address		

Revised October 2016 \\ \rangle v \breve{s} \] v \\ \psi \]

Please rate the applicant in each of the lowing areas: Excellent Good Average Poor Do Not Know

Ability to work with others

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