



Practical Nursing program
 Southern Adirondack Education Center
 1051 Dix Ave, Bldg C
 Hudson Falls, NY 12839

CHARACTER REFERENCE FORM

Applicant's Name: _____

The above named person has applied for admission to the Practical Nursing program at WSWHE BOCES.

Please provide the requested information regarding this applicant:

How long have you known the applicant? _____

What is your relationship to the applicant? _____

PLEASE RATE THE APPLICANT		Superior	Average	Poor
General Attitude				
Sense of Responsibility				
Personal Appearance & Hygiene				
Emotional Maturity				
Courtesy & Social Sense				
Discretion in Speech & Manner				

Additional Comments:

 Signature

Name: _____
 Address: _____

 Date

 Phone: _____