

ST. JOSEPH SCHOOL OF NURSING
5 WOODWARD AVENUE
NASHUA, NEW HAMPSHIRE 03060
(603) 594-2567

PROFESSIONAL EVALUATION – Please Check Program of Interest Below

Associate of Science in Nursing Program (2-year)

LPN to RN Transition (1-year)

PROFESSIONAL EVALUATION FOR: _____
Name of Applicant (PLEASE PRINT)

Street City State Zip

The above named person has applied to become a student in the St. Joseph School of Nursing in the program indicated above.

We would appreciate your evaluation of his/her potential for success and moral integrity so that we may better know the applicant.

TO THE EVALUATOR

In accordance with a federal law, a student admitted to this school is entitled to review this evaluation in his/her file unless the student has signed a waiver to this right. The school does not require a waiver as a condition for admission to or receipt of any services or benefits from the school. Applicants are, therefore, free to decide whether or not they wish to waive the potential right to examine such evaluations.

TO THE APPLICANT

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right would arise if you were an enrolled student in this school and if the evaluation was maintained after your enrollment. Be advised that the information on this form will be used to evaluate you as an applicant for admission to this school. If you choose to waive your right of access to and review of this information, please sign your name.

Signature

Date

(Please see page 2)

