



## Dean or Director Reference for Admission to the Bachelor of Science in Nursing Program

**Printed name of applicant:** \_\_\_\_\_ **Reference deadline:** \_\_\_\_\_

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| <p><b>NOTE TO APPLICANT: Please Read Carefully</b></p> <p>By law, the applicant has the right to obtain and review this document. To waive or maintain this right, place your initials in the appropriate box. Choosing to maintain your right does not affect your application status in any way.</p> <p style="text-align: center;">I, _____ <i>print name</i> _____,</p> <p style="text-align: center;"> <input type="checkbox"/> waive my right     <input type="checkbox"/> maintain my right to read this reference form.         </p> |
| <p><i>Date:</i> _____     <i>Signature:</i> _____</p>  |

|  |  |        |
|--|--|--------|
| <b>To be completed by the person providing the reference:</b>      |  |        |
| Name and title:  | Did the student leave the program in good academic standing?   |        |
| University or college:   | Did the student leave the program due to conduct or interactions not in keeping with professional standards? |        |
| Reason why student did not complete the nursing program:           |  |        |
| Do you have any reason to doubt this student's academic integrity? |  |        |
| Comments:  |  |        |
| Signature:   | Date:  | Email: |

Submit form to the USC Aiken School of Nursing APG Committee via **one** of these methods:

**Email:** [kathryns@usca.edu](mailto:kathryns@usca.edu)  
**Fax:** 803-641-3725

**US Mail:**  
USC Aiken School of Nursing  
471 University Parkway  
Aiken, SC 29801