

Please furnish us with the names and addresses of three professional or educational references:

NAME	ADDRESS

Please write a brief account of your strengths and weaknesses, career aspirations, reasons for selecting nursing as a career and any other special reason you may have for choosing to enter this program.

I certify to the best of my knowledge that the information is correct and that falsification of information may subject me to dismissal.

Signature: _____

Date: _____

Send this form directly to:
Hudson County Community College- Nursing Program
870 Bergen Avenue- 1st Floor
Jersey City, New Jersey 07306