

BSN PROGRAM PROFESSIONAL REFERENCE FORM

Name of Applicant (Please Print) _____

Name of Recommender (Please Print) _____

1.) Position you held while working with applicant _____

2.) In what capacity have you known the application () as one of my students
 () as peer at work () as one of my subordinates at work
 () other (describe) _____

3.) How well do you know the applicant? () very well () fairly well () slightly

4.) How long have you known the applicant? From-_____ To-_____

5.) Please rate the applicant based on-

Rating Choice As Follows-	Superior	Very Good	Average	Below Average	Not Acceptable	Never Observed
Communication Skills Verbal						
Communication Skills Written						
Maturity						
Motivation and Determination						
Emotional Control						
Dependability						
Ability to work with other						
Ability to work alone						
Willingness to assume responsibility						
Problem-Solving Abilities						
Conflict Resolution						
Intelligence						
Knowledge of limitation						

6.) Please provide any pertinent material regarding the character, integrity and personality of the applicant, but particularly your opinion of the candidate's clinical abilities, intellectual independence, capacity for analytical thinking, ability to organize and express ideas clearly, capacity to carry on advanced studies and potential for a successful professional career.

a. Areas where the applicant may have either personal or professional problems.

b. Areas where you judge the applicant to be outstanding.

c. Further comment (or feel free to attach a personal letter).

Check this applicant is	<input type="checkbox"/> Highly Recommended	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
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Your Name (Please Print) _____

Please check preferred contact address and telephone number:

Office Address _____

Home Address- _____

Office Phone Number _____

Home Phone Number _____

Signature _____ Date _____