

Bachelor of Science in Nursing (BSN) PROFESSIONAL REFERENCE FORM

For completion by the applicant:

name of applicant _____

Under the Family Education Rights and Privacy Act, students have the right to inspect their files upon request. So that the person you have requested to write a letter of recommendation will know if his/her letter will be held in confidence or if the letter will be open to inspection upon your request, please sign one of the following statements. Your waiver of your right to see this letter of recommendation is not a requirement of admission.

I understand that I have the right to inspect my file upon request. However, I hereby DO WAIVE my right of access to this letter of recommendation.

I DO NOT WAIVE my right of access to this letter or recommendation.

signature of applicant

signature of applicant

date

date

To be completed by reference person:

- How long have you known this person? _____
- In what capacity? _____
- What impresses you most about this person? _____

- Are there any factors that might interfere with the applicant's success in the program? _____

5. Please rate the applicant in the following areas by checking the appropriate box:

	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Unable to evaluate
Knowledge of the nursing field					
Intellectual ability					
Ability to work with others					
Leadership					
Motivation					
Personal initiative					
Oral communication					
Written communication					
Dependability					
Problem-solving					
Personal appearance					
Sensitivity to others					
Honesty					
Clinical skills					

Please comment on below average ratings on second page.

Comments on below average ratings: _____

Additional comments: _____

Please indicate whether or not you would recommend this person for baccalaureate study in nursing.

- _____ Highly recommend
- _____ Recommend
- _____ Recommend with reservation
- _____ Do not recommend

Signature _____

Name printed or typed _____

Position _____

Address (please indicate whether home or work) home work _____



NEBRASKA
WESLEYAN
UNIVERSITY

Thank you for completing this reference form.
Please return this form directly to:

Department of Nursing
Nebraska Wesleyan University
5000 St. Paul Avenue
Lincoln, NE 68504