



REFERENCE FORM

SECTION 1. TO APPLICANT:

Recommendations in support of your application for admission must be submitted on this form. You must complete A or B of Waiver prior to giving the form to the person asked to submit the recommendation. You may obtain references from teachers, employers, and volunteer contacts. **References from relatives and friends are not accepted.**

APPLICANT'S
NAME (PRINT) _____

ADDRESS _____

WAIVER

A. I authorize the release of a candid evaluation to assist the admissions process of Bon Secours Memorial School of Nursing. I understand that the material will be kept confidential, both from me and the public. I waive any right of access that I might have by law. I further understand that Bon Secours Memorial School of Nursing does not require me to execute this waiver and is willing to review my application without such a waiver.

DATE _____ SIGNATURE _____

OR

B. I authorize the release of a candid evaluation, but I choose not to waive my right to examine this recommendation should I enroll as a student in Bon Secours Memorial School of Nursing.

DATE _____ SIGNATURE _____

SECTION II. TO INDIVIDUAL PROVIDING RECOMMENDATION:

The above named applicant is seeking admission to Bon Secours Memorial School of Nursing and is requesting your recommendation. Please complete the evaluation on the back page and sign your name and relationship to applicant.

Qualified applicants are considered regardless of age, gender, race, color, religion, national origin, marital or veteran status, or physical or mental condition(s), so long as the condition(s) does not limit the applicant's ability to perform the essential functions of a nursing student with or without reasonable accommodation. Therefore, information relating to these areas should not be included in any way.

Fill out this Reference Form as soon as possible and return it to the applicant in a sealed envelope. Please sign the back of the envelope across the seal. Thank you for your assistance.

SECTION III. BASIS FOR RATING APPLICANT – Check One

- A. HOW WELL DO YOU KNOW THIS APPLICANT?
 Very well known Well known Fairly well known Not very well known
- B. HOW DID YOU BECOME ACQUAINTED WITH APPLICANT?
 Classroom and/or lab Employment Volunteer contact Other

If you do not know the person well, please feel free to say so; such frankness will not prejudice the applicant's chance of admission. If you do not know the applicant well enough to give a recommendation, check here .

C. PLEASE INDICATE YOUR IMPRESSION OF THE APPLICANT IN THE FOLLOWING CATEGORIES.

1. Intelligence: Intellectual curiosity, Quickness to grasp, Natural ability
 Unknown Below Average Average Above Average Outstanding

Comments: _____

2. Initiative: Willing to attempt new ideas, Initiates action on own, Energetic, Motivated
 Unknown Below Average Average Above Average Outstanding

Comments: _____

3. Reliability: Dependable, Good judgment, Honest, Ability to get along without supervision
 Unknown Below Average Average Above Average Outstanding

Comments: _____

4. Cooperation: Ability to get along with others, Willingness to help others, Ability to collaborate, Tactful
 Unknown Below Average Average Above Average Outstanding

Comments: _____

5. Adaptability: Flexible, Resourceful, Resilient
 Unknown Below Average Average Above Average Outstanding

Comments: _____

6. Emotional Control: Poised, Good Temperament, Takes things in stride
 Unknown Below Average Average Above Average Outstanding

Comments: _____

7. Communication Skills: Ability to express ideas/thoughts, Ability to comprehend verbal and written directions
 Unknown Below Average Average Above Average Outstanding

Comments: _____

8. Work Habits: Follows through, Accurate
 Unknown Below Average Average Above Average Outstanding

Comments: _____

Please elaborate on any of the above categories or provide additional information:

Print Name _____ Date _____

Signature _____ Organization _____

Title _____ Phone Number _____