

# Reference Form

North Dakota State University

Nursing Department

NDSU – Dept # 2670

PO Box 6050 / 136 Sudro Hall

Fargo, ND 58108-6050

## PLEASE PRINT

1. Name of Applicant \_\_\_\_\_  
Last First Middle Former name, if applicable

I waive my right to see this reference: \_\_\_\_\_  
(Applicant signature)

**NOTE:** The person whose name appears above has applied for admission to the Nursing Program. It would be helpful to the nursing department if you would give us an assessment of the applicant as called for below. **Please complete the reference and place in an envelope and sign the seal of the envelope.**

2. How long have you known the candidate and in what capacity? \_\_\_\_\_

3. Please check:

	Outstanding (top 5%)	Excellent (top 15%)	Average	Below Average (bottom 15%)	Poor (bottom 5%)	Do Not Know (NA)
<b>Academic</b>						
Intellectual Ability						
Oral Expression						
Writing Ability						
Leadership						
Creativity						
Flexibility						
Ability to Organize Work						
Ethical Standards						
Critical Thinking/Problem Solving						
<b>Personal</b>						
Maturity						
Integrity/Honesty						
Initiative Motivation						
Perseverance						
Dependability						
Emotional Stability						
Ability to Work with Others						
Empathy/Caring						

4. Please indicate how well the applicant has thought out his/her plans for a career in nursing:

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5. Please indicate the strengths you feel the applicant will bring to the nursing profession:

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6. Please indicate any reservations you may have related to this applicant's ability to succeed in a nursing career:

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7. Please indicate your overall recommendation regarding the candidate's admission to the nursing program. I:

Strongly recommend \_\_\_\_\_

Recommend \_\_\_\_\_

Recommend with reservations \_\_\_\_\_

Do not recommend \_\_\_\_\_

Name \_\_\_\_\_  
(please print)

Title \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Telephone (\_\_\_\_\_) \_\_\_\_\_  
Area Code Date

Signature: \_\_\_\_\_

**PLEASE SEND COMPLETED REFERENCE FORM TO ADDRESS LISTED ABOVE. WE ASK THAT THE REFERENCE PLEASE SIGN THE SEAL OF THE ENVELOPE.**

**THANK YOU FOR COMPLETING THIS REFERENCE FORM FOR THE APPLICANT!!!**