

Baccalaureate Nursing Program Professional Reference Form

I am applying for admission to the Minnesota State University Moorhead Baccalaureate Nursing Program and I am requesting a reference from you. Please respond to each item and add your comments (optional). Place the completed form in an envelope, seal it and sign your name across the sealed flap. Please mail it back to me so I can add your reference* to my application packet. Thank you.

Applicant's Name _____

Street Address _____

City/State/Zip _____

Do not include information that might indicate the individual's race, color, national origin, citizenship status, religion, creed, age disability, gender (unless by the individual's name it is obvious), sexual orientation, marital status, or status with regard to public assistance. In compliance with Section 504 of the Rehabilitation Act of 1973, we discourage you from referring directly or indirectly to an applicant's handicap.

* Please be advised that under the Minnesota Government Data Practices Act, all references are available to the applicant upon request.

	Below Average	Average	Very Good	Outstanding	Don't Know
Interpersonal skills (interactions with people)					
Verbal and written communication (articulate and clear)					
Listening ability (attentiveness to others)					
Dependability					
Leadership ability (influence and motivate people)					
Organizational and time management skills					
Self-direction (able to work independently and make decisions)					
Clinical skills (nursing techniques and knowledge)					
Technological skills (equipment and computer literacy)					
Conceptual and analytical ability (critical thinking ability)					
Overall potential for nursing major					
Integrity/Honesty					
Initiative/Motivation					
Maturity					
Empathy/Caring					
Judgment					
Overall Rating					

If you have any other comments you believe might be of value to the nursing department, please state them on the back of this form.

COMPLETED BY:

Name (print) _____

Title _____ Phone _____

Address _____

Signature _____ Date _____