

LINCOLN UNIVERSITY
Department of Nursing Science

To the Applicant: Submit three letters of references: 1. One reference must be from a work supervisor, 2. if an LPN graduate in the past 5 years, provide a reference from an LPN instructor, or 3. transfer students from other nursing programs need at least 1 letter from an instructor. If none of these apply to you, a reference from supervisors, coworkers, teachers, etc. may apply. Do not use family, friends or acquaintances. Please sign waiver on back page.

REFERENCE FORM

RE: _____
Applicant's Name

Please mail the completed form to:

Department of Nursing Science
Lincoln University
4904 Constitution Ave
Ft Leonard Wood Mo 65473

1. How long and in what capacity have you known this applicant?
2. What is your perception of this applicant's ability to work effectively with others?
3. How would you describe the applicant in terms of his/her dependability?
4. In your experience with this applicant, how has this person adjusted to stressors/changes?
5. Do you place full confidence in the applicant's integrity? Yes ___ No ___
Comments:
6. List applicants strengths and limitations

Strengths	Limitations

Page 2 of 2

7. Please rate the applicant’s abilities in the following areas using the scale below:

5 =Outstanding 4 =Above Average 3 =Average 2 =Below Average 1 =Poor N =not applicable/no basis for judgment

	5	4	3	2	1	N
Assertiveness						
Initiative						
Maturity						
Perseverance						
Inquisitiveness						
Cooperation						
Flexibility						
Communication						
Adaptability to Stress						
Judgment						
Decision-making Ability						
Organizational Skills						
Ability to Set Realistic Goals						
Autonomy						
Work Ethic						
Leadership						
Ability to Accept Constructive Criticism						

8. If you were a member of the Admissions Committee how would you rate this candidate?

Admit with no reservations ___ Admit with reservations ___ Do not admit ___

NAME: (Please Print) _____ Signature: _____ (Date) _____

POSITION/TITLE _____

ADDRESS: _____

PHONE: _____

The *Family Educational Rights and Privacy Act of 1974* and its amendments guarantee student's access to educational records concerning them. Students are also permitted to waive their rights to access recommendations.

The following signed statement indicates my intent regarding this recommendation:

2/2021MT

I hereby give my permission for the Department of Nursing Science to contact the above named person for any additional information/clarification deemed necessary and release him/her from any liability resulting from information provided.

I waive ___ I do not waive ___ my right to see this form or any supplemental notes or letters pertaining to this recommendation form.

Please note this reference form is not valid without the applicant's signature.

Applicant's Signature

(Date)