Reference Form
BSN Program
Lincoln University
School of Nursing
820 Chestnut St.
Jefferson City, MO 65102-0029
573-681-5421

Due Date: *Fall:* Last Tuesday in September / *Spring:* First Tuesday in March

To the Applicant: Submit three reference forms; 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 one 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. References will not be accepted from the student. They must be mailed, emailed or faxed to the School of Nursing from the person giving the reference. **Please sign waiver on back page.**

REFERENCE FORM RE:_____
Print Applicant's Name

Please mail the completed form to:

Lincoln University
School of Nursing
820 Chestnut St.
Jefferson City, MO 65102 0029
References may be scanned and sent to bsnadmissions@lincolnu.edu
Please include signature information on the email
Or fax to (573) 681-5422

1. What is your relationship to the applicant and how long have you known the applicant?

2. Do you place full confidence in the applicant's integrity? Yes____ No_____
   Comments:

3. Please list the applicant's chief strengths/weaknesses in regards to successfully pursuing a nursing degree?

Strengths	Weaknesses

4. 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
Initiative						
Reliability						
Integrity						
Self-Discipline/Motivation						
Communication Skills						
Adaptability to stress						
Ability to work well with others						
Work Ethic						

5. If you were a member of the Admission's Committee, how would you rate this candidate? Please provide supporting information for your choice in the space provided below if your answer is "do not recommend".

   a. _____ Highly recommend
   b. _____ Recommend
   c. _____Do not Recommend

Comments:

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. If the student waives their right to see this form, the information you provided will remain confidential.

The following signed statement indicates my intent regarding this recommendation:
I hereby give my permission for the School of Nursing 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)