



School of Nursing

AAS in Nursing Reference Form

To the applicant: Submit three letters of reference. One reference must be from a work supervisor. If you graduated with your LPN in the last 5 years, provide a reference from an LPN instructor. If you are a transfer student from another nursing program, provide at least one reference from an instructor. If none of these apply to you, references from supervisors, co-workers, teachers, etc. may apply. Do not use family, friends, or acquaintances. Complete and sign **page 3 only** before reference is submitted.

Applicant's name: _____

Please email the completed form to:

FLW@LincolnU.edu

You may also mail the completed form to:

Department of Nursing Science
Lincoln University
4904 Constitution Ave.
Fort 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 or her dependability?

4. In your experience with the applicant, how has he or she adjusted to stressors/changes?

5. Do you place full confidence in this applicant's integrity? Yes _____ No _____

6. Please list the applicant's strengths and limitations below.

Strengths	Limitations
1.	1.
2.	2.
3.	3.
4.	4.

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						
Judgement						
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? Please check one:

Admit with no reservations _____ Admit with reservations _____ Do not admit _____

NAME: (Print) _____ SIGNATURE: _____ DATE: _____

POSITION/TITLE: _____ PHONE: _____

ADDRESS: _____

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

To the applicant: Complete this page before the reference form is submitted.

The *Family Education Rights and Privacy Act of 1974* and its amendments guarantee students' 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:

I hereby give my permission to the Department of Nursing Science to contact the above-named person for any additional information/clarifications deemed necessary and release him or 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 that this reference form is not valid without the applicant's signature.

Applicant's Signature: _____ Date: _____