

Missouri Valley College – School of Nursing

Applicant Reference Form

Applicants Name: _____

Reference Name: _____ Credentials: _____

Title: _____ Institution: _____

In what capacity have you known the applicant? _____

Length of time you have known the applicant? _____

Please rank the applicant (1 = Outstanding, 2 = Above Average, 3 = Average, 4 = Below Average, N/A = unable to rank) in the following categories:

| | Outstanding (1) | Above Average (2) | Average (3) | Below Average (4) | Unable to Rank (N/A) |
|--|--------------------|-------------------------|----------------|-------------------------|-------------------------------|
| Motivation | | | | | |
| Accepts responsibility | | | | | |
| Reliability | | | | | |
| Ability to work with others | | | | | |
| Critical Thinking | | | | | |
| Ability to express self verbally and in writing | | | | | |
| Accepts constructive criticism | | | | | |

List three strengths of the applicant's most positive characteristics/strengths.

List three areas where the applicant might need improvement.

Additional comments: _____

___ How do you recommend this applicant for a career in nursing?

___ Not recommended

___ Recommend with some reservations

___ Recommend

___ Strongly recommend

May the selection committee contact you for further questions if needed? ___ Yes ___ No

Contact Information: Phone: _____ Email: _____

Signature: _____ Date: _____

Please send the original, signed reference to:

Peggy Van Dyke, DNP, RN, FNP-BC

Dean, School of Nursing

Nursing Program Director

500 E. College St

Marshall, MO 65340

660-831-4053

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