MISSOURI VALLEY UNIVERSITY

Missouri Valley University 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

or

Hope Heaper Gamblin MSN, RN, FNPc

Nursing Program Director

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