

Dakota Nursing Program – Reference Form for Admission

SECTION 1

To be completed by nursing program applicant:
 Name of the Applicant (Please print):

Last First Middle Former, if applicable

I waive the right to access this evaluation: _____

Signature of Applicant Date

Please check the campus that you are applying to: BSC DCB LRSC WSC

SECTION 2

To be completed by the applicant's reference (non-relatives such as employers, instructors, and/or professional colleagues):

NOTE: The person whose name appears above has applied for admission to the Dakota Nursing Program. **The information you provide will be confidential.**

How long have you known the candidate and in what capacity?

Please Check:	Outstanding	Very Good	Average	Below Average	Do not know
Integrity/Honesty					
Initiative/Motivation					
Maturity					
Leadership					
Ability to work with others					
Communication Skills					
Empathy/Caring					
Judgment					
Ability to make Decisions					
Dependability					
Your Overall Rating of this applicant					

Other Comments (Please print and please use the back of this form if you need more space):

Name of Reference: _____ Company _____ Title: _____

Signature of Reference: _____ Date: _____

Address: _____

Street City State Zip Code

Please return this completed and signed reference form directly to the Dakota Nursing Program in a sealed envelope or by email to the campus address below that the applicant has designated he/she is applying to in Section 1 above. Deadline to return this reference form is March 5, 2021.

Bismarck State College
 Annie Paulson, Nursing Director
 1133 College Dr., PO Box 5587
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Dakota College at Bottineau
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 Bottineau, ND 58318
carissa.pollman@dakotacollege.edu

Lake Region State College
 Karen Clementich, Nursing Director
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 Devils Lake, ND 58301
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Williston State College
 Gail Raasakka, Nursing Director
 1410 University Ave
 Williston, ND 58801
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