

## 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					
<b>Your Overall Rating of this applicant</b>					

**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.

**Bismarck State College**  
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**Dakota College at Bottineau**  
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**Lake Region State College**  
 Karen Clementich, Department Chair  
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**Williston State College**  
 Gail Raasakka, Nursing Director  
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