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.