

WATTS SCHOOL OF NURSING
2828 Croasdaile Drive, Suite 200
Durham, North Carolina 27705

REFERENCE FORM

NAME OF APPLICANT: _____

The above referenced applicant is applying for admission to this school of nursing. Your comments will be considered confidential and will be used only by the faculty of this school of nursing to help them better understand the applicant.

PLEASE EVALUATE THE APPLICANT BY CHECKING THE APPROPRIATE SPACES. AFTER COMPLETING THIS FORM:

- 1. Place in an envelope**
- 2. Seal the envelope**
- 3. Sign your name over the seal**
- 4. Return to the applicant**

EX: Excellent VG: Very Good S: Satisfactory U: Unsatisfactory UE: Unable to Evaluate

		EX	VG	S	U	UE	COMMENTS
1.	Personal Appearance						
2.	Emotional Stability						
3.	Sincerity of Purpose						
4.	Honesty						
5.	Tolerance						
6.	Tact						
7.	Dependability						
8.	Initiative						
9.	Orderliness						
10.	Thoroughness						
11.	Ability to Adjust to New People						
12.	Ability to Adjust to New Situations						
13.	Ability to Accept Criticism						
14.	Ability to Organize Work						
15.	Ability to Win Cooperation Of Others						

1. What qualities does the applicant have that you believe would contribute most to her/his success as a professional nurse?

2. What factors in home environment or experiences has the applicant had which have influenced her/his development?

Favorably?

Unfavorably?

3. How long have you known the applicant?

4. In what capacity have you known the applicant?

5. Please indicate whether or not you endorse the applicant as a suitable candidate for a school of nursing. (Check one)

Do Not Endorse ____

Endorse ____

Endorse With Enthusiasm ____

Print Name

Signature

Date

Position

Number and Street

City

State

Zip

NOTE: We appreciate your evaluation of the applicant's suitability for professional nursing. If you have any further comments, please feel free to write them on a separate sheet of paper.