



**School of Nursing**  
 8432 Magnolia Avenue, Riverside, CA 92504  
 Telephone: (951) 343-4700 FAX: (951) 343-4703  
 www.calbaptist.edu/nursing

### LETTER OF REFERENCE

(Please type or print)

Name of Applicant: \_\_\_\_\_

Type of Reference (check one):

|                           |                          |
|---------------------------|--------------------------|
| Academic                  | <input type="checkbox"/> |
| Work/volunteer experience | <input type="checkbox"/> |

(Applicant should provide a stamped envelope addressed to CBU School of Nursing for the person filing this reference.)

I willingly waive my right of access to see this reference knowing that this waiver is NOT required as a condition for admission.

\_\_\_\_\_  
 (Applicant's signature)

| <u>Please check the best response</u> | Excellent | Above Average | Average | Questionable | Unacceptable | No Knowledge |           |
|---------------------------------------|-----------|---------------|---------|--------------|--------------|--------------|-----------|
| <b>PHYSICAL</b>                       |           |               |         |              |              |              |           |
| 1. Energy (stamina)                   |           |               |         |              |              |              |           |
| 2. Appearance (dress and attire)      |           |               |         |              |              |              |           |
| <b>EMOTIONAL</b>                      |           |               |         |              |              |              |           |
| 1. Flexibility toward change          |           |               |         |              |              |              |           |
| 2. Reliability                        |           |               |         |              |              |              |           |
| 3. Attitude                           |           |               |         |              |              |              |           |
| <b>SOCIAL</b>                         |           |               |         |              |              |              |           |
| 1. Consideration of others            |           |               |         |              |              |              | Comments: |
| 2. Peer relations                     |           |               |         |              |              |              |           |
| 3. Cooperativeness                    |           |               |         |              |              |              |           |
| 4. Tact                               |           |               |         |              |              |              |           |
| 5. Interaction with others            |           |               |         |              |              |              |           |
| 6. Honesty                            |           |               |         |              |              |              |           |
| 7. Sense of humor                     |           |               |         |              |              |              |           |
| 8. Acceptance of diversity            |           |               |         |              |              |              |           |
| <b>INTELLECTUAL</b>                   |           |               |         |              |              |              |           |
| 1. Ability to complete tasks          |           |               |         |              |              |              | Comments: |
| 2. Leadership ability                 |           |               |         |              |              |              |           |
| 3. Self-discipline                    |           |               |         |              |              |              |           |
| 4. Judgment                           |           |               |         |              |              |              |           |
| 5. Clarity of speech                  |           |               |         |              |              |              |           |
| 6. Teachableness                      |           |               |         |              |              |              |           |
| 7. Study habits                       |           |               |         |              |              |              |           |
| <b>VOCATIONAL</b>                     |           |               |         |              |              |              |           |
| 1. Initiative                         |           |               |         |              |              |              | Comments: |
| 2. Quality of performance             |           |               |         |              |              |              |           |
| 3. Acceptance of new ideas            |           |               |         |              |              |              |           |
| 4. Respect for authority              |           |               |         |              |              |              |           |
| 5. Ability to work with others        |           |               |         |              |              |              |           |
| 6. Sense of responsibility            |           |               |         |              |              |              |           |
| 7. Resourcefulness/creativity         |           |               |         |              |              |              |           |

( Over )

PLEASE COMMENT BRIEFLY ON THE FOLLOWING:

1. How long have you known the applicant? \_\_\_\_\_
2. In what relationship? \_\_\_\_\_
3. How well do you know the applicant? \_\_\_\_\_
4. What is your opinion regarding the aptitude of the applicant for academic work in nursing?

| Very low<br>aptitude<br>0 | Moderate |  |  |   | Very high<br>aptitude<br>10 |  |  |  | <input type="checkbox"/> No<br>Knowledge |
|---------------------------|----------|--|--|---|-----------------------------|--|--|--|--|
|                           |          |  |  | 5 |                             |  |  |  |  |

5. What are the applicant's strong points (include special abilities)?

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6. What could the school of nursing do to aid this individual in her/his personal development?

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PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

- ☐ I recommend                      ☐ I do not recommend                      ☐ I recommend with reservation

Further comments:

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Please print/type your name: \_\_\_\_\_

|               |            |             |           |
|---------------|------------|-------------|-----------|
| _____         | _____      | _____       | _____     |
| Signature     | Title      | Date        |           |
| Address _____ | City _____ | State _____ | Zip _____ |

Please return to: **California Baptist University**  
Attn: Dean, School of Nursing  
8432 Magnolia Avenue  
Riverside, CA 92504  
Fax: 951.343.4703