



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.)

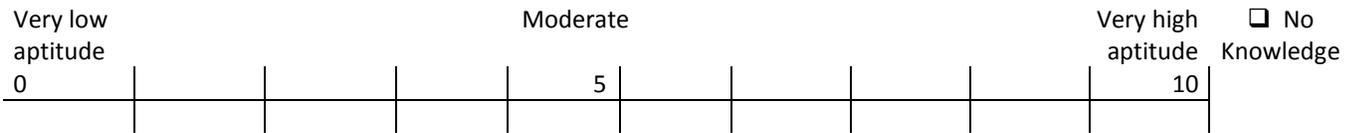
I willingly waive my right of access to see this reference knowing that this waiver is NOT required as a condition for admission.

(Applicant's signature)

<u>Please check the best response</u>	Excellent	Above Average	Average	Questionable	Unacceptable	No Knowledge	
PHYSICAL							
1. Energy (stamina)							
2. Appearance (dress and attire)							
EMOTIONAL							
1. Flexibility toward change							
2. Reliability							
3. Attitude							
SOCIAL							
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							
INTELLECTUAL							
1. Ability to complete tasks							Comments:
2. Leadership ability							
3. Self-discipline							
4. Judgment							
5. Clarity of speech							
6. Teachableness							
7. Study habits							
VOCATIONAL							
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							

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?



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

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

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

- I recommend I do not recommend I recommend with reservation

Further comments:

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