

Professional Reference Form

Applicants to the Program:

1. Complete this page of this form. Leave pages 2 & 3 blank.
2. Provide this form (with page 1 completed) to **three** individuals providing a Professional Reference for you.
3. You may provide this form electronically or as a hard-copy. The completed form will be submitted directly to us by the person providing the Professional Reference. Please provide a stamped envelope with this form.

This section to be completed by the applicant.

Name of applicant: _____

Name of Professional Reference: _____

According to the Family Educational Rights and Privacy Act of 1974, as amended, students are guaranteed access to education records concerning them unless that right is waived. Your signature in the waiver section below is optional; however, you should check with your Professional Reference to ensure that he/she is willing to submit this without the guarantee of confidentiality.

Please sign one of the following choices:

- I hereby waive any and all rights to inspect and review this Professional Reference, and I give my permission for this document to remain confidential between Western Washington University and the person providing this Professional Reference on my behalf.

Signature of applicant: _____ Date: _____

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- I do not waive my rights to inspect and review this Professional Reference Form.

Signature of applicant: _____ Date: _____

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Professional References:

1. Please complete pages 2 and 3 of this form.
2. Sign and return the form to:

Mailing Address: Western Washington University
RN-to-BSN Program
516 High Street, MS 9087
Bellingham, WA 98225-9087

Fax: (360) 650-4535

Email: bsn.applications@wwu.edu

This section to be completed by the Professional Reference.

Name of applicant: _____

Name and title of Professional Reference: _____

Relationship to applicant (e.g. Professor, Direct Supervisor, Work Colleague) _____

from (date) _____ to (date) _____

The applicant is seeking admission to the Western Washington University RN-to-BSN Program. To assess the appropriateness of this choice for the individual, we would appreciate your candid opinion regarding the qualifications listed below. If there is any item for which you have little or no evidence, please indicate this. Thank you.

1. Please indicate your evaluation of the applicant, choosing the appropriate rating. All criteria are very important to the Admissions Committee.

	Outstanding	Above Average	Average	Below Average	No Chance to Observe
Scholarly Skills					
Analytical Skills/Judgment					
Written Communication Skills					
Oral Communication Skills					
Acceptance of Feedback					
Interpersonal Skills					
Clinical Competence					
Integrity					
Commitment to Diversity					
Flexibility					
Ability to work with teams					
Organization and Planning Skills					
Self-Direction/Leadership Skills					

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2. Please provide your recommendation for the applicant's admission to Western's RN-to-BSN Program.

- I think this is an exceptional applicant for admission.
- I think this is a strong applicant for admission.
- I recommend this applicant for admission.
- I recommend the applicant for admission with some reservation.
- I do not recommend the applicant for admission.

3. What are the applicant's strengths as you see them?

4. What are the applicant's areas for improvement as you see them?

Signature _____ Date _____

Institution _____

Title _____ Phone _____

Address _____