

**Foothills Nursing Consortium
Character Reference Form for Generic Applicants**

Name of Applicant _____

Please provide information that would assist in the consideration of the person named above for admission to the Associate Degree Nursing Program preparing for licensure as a registered nurse.

How long have you known the applicant? _____

In what capacity have you known the applicant? (Not a relative or close friend)

Teacher _____ Guidance Counselor _____ Employer _____ Other _____ (Specify)

Please indicate your opinion of the applicant's characteristics in the following areas by checking the appropriate space. You may insert any other.

A.

Personal Characteristics	Unknown	Below Average	Average	Above Average
1. Honesty				
2. Cooperative				
3. Emotional Control				
4. Judgment				
5. Assertive				
6. Ability to relate to people				
7. Resourceful				
8. Dependable				
9. Neat				
10.				

B. List any special interest, talents, strengths, or weaknesses of the applicant that are known to you. (Use the reverse side or an additional sheet, if needed). _____

Has the applicant demonstrated qualities of leadership in his/her school or community? Yes ___ No ___

What is your opinion regarding the applicant's suitability for a program of studies leading to Registered Nursing?

Do Not Recommend _____ Recommend with Reservation _____

Recommend _____ Recommend Highly _____

Signature

Date

Title or Occupation

Address

Phone

Please return this form in an envelope signed and sealed by you to: Belinda Foster
McDowell Tech Community College
Health Sciences Advisor
54 College Drive
Marion, NC 28752

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION INSTITUTION