

**BACHELOR OF NURSING (COLLABORATIVE) PROGRAM
REFERENCE FORM**

Confidential Report for the Admissions Committee

Instructions to the Applicant

Complete Part A, then forward to the referee.

PART A

Applicant's Name: _____

Date of Birth: _____

PART B

Dear Referee:

The above applicant has applied for admission to the nursing program specified above, and has given your name as a referee. The purpose of this report is to obtain an assessment of the applicant's suitability for the nursing program to which s/he has applied. Please complete this form and return it by **March 1** to the **Office of the Registrar, Memorial University of Newfoundland, St. John's, NL, A1C 5S7**.

How long have you known this applicant? _____ In what capacity? _____

What comparison group are you using in assessing this applicant? _____
(e.g. former students, relatives, co-workers)

Please indicate your assessment of the applicant in relation to the given items by circling the appropriate numerical value or checking **Unable to Assess**.

	Excellent	Very Good	Good	Fair	Poor	Unable to Assess
Initiative	4	3	2	1	0	_____
Verbal communication skills	4	3	2	1	0	_____
Written communication skills	4	3	2	1	0	_____
Ability to work independently	4	3	2	1	0	_____
Ability to handle responsibility	4	3	2	1	0	_____
Problem-solving ability	4	3	2	1	0	_____
Leadership qualities	4	3	2	1	0	_____
Self-confidence	4	3	2	1	0	_____

Please add any other information you think will be helpful in our assessment of this individual's application. Please continue on back of this sheet if more space is needed.

How would you recommend the applicant for admission to the nursing program? Please circle.

- | | |
|---------------------|-------------------------------|
| 1. Highly recommend | 3. Recommend with reservation |
| 2. Recommend | 4. Do not recommend |

Signature: _____ **Date:** _____