Ottawa University Admission Nursing Program Reference Form

Department: Nursing

Please complete and scan or fax documents to:

micki.reed@ottawa.edu

Fax: 913-273-1700

To be completed by applicant: **(This section should be completed by the applicant prior to giving to reference)**

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Waiver: (This section should be completed by the applicant prior to giving to reference)

*Note: ***Please*** check with your reference to ensure that he/she is willing to submit a recommendation without the guarantee of confidentiality.

□ **I hereby waive my right to review this recommendation and give my permission for this document to remain confidential between Ottawa University and the reference listed below.**

Signature of applicant: _____ Date _____

□ **I do not waive my right to review this recommendation.**

Signature of applicant: _____ Date _____

**Please Note: If none of the above is signed, this reference will be kept confidential.*

To be completed by reference: **(This section should be completed by the reference)**

The person named above is applying for admission to the Ottawa University RN-to-BSN Nursing Program and has requested that you complete the following as part of their application process. Thank you for your assistance.

Reference Name: _____ _____

Organization/Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

Relationship to applicant: _____

How long have you known applicant?: _____

Please rate this applicant according to the following criteria:	**Excellent**	**Good**	**Average**	**Below Average**	**Not Observed** (may add additional comments on back)
Interaction with others (team work)					
Communication Skills (verbal and written)					
Accountability for their work					
Organization of work					
Integrity					
Dependability					
Caring attitude					
Leadership					

Please indicate your recommendation of this applicant for the *Ottawa University RN-to-BSN program* by the following:

□ **Recommend with Enthusiasm** □ **Recommend** □ **Do not Recommend**

Signature of Reference: _____ Date: _____

*Please Note: This reference is valid for one year after date received.

Please feel free to add any additional comments/explanation on back of this form.

Please ensure that these comments are attached when sent with front copy of this form.