BETHEL COLLEGE
INDIANA

GRADUATE REFERENCE FORM

MASTER OF SCIENCE IN NURSING

TO BE COMPLETED BY APPLICANT *(please type or print)*

Name _____

Address _____
Street

_____
City *State* *Zip*

Program applied for

- ☐ Nurse Educator
- ☐ Nurse Administrator
- ☐ Post-Masters Certificate/Educator
- ☐ Post-Masters Certificate/Administrator

The person named above has applied for admission to the Master of Science in Nursing program at Bethel College and has given your name as a reference. Please indicate your perception of the applicant below.

TO BE COMPLETED BY REFERENT *(please type or print)*

Name _____

Address _____
Street

_____
City *State* *Zip*

Title/Position _____

Organization _____ Phone (_____) _____
Area code *Number* *Ext.*

Please indicate your association(s) or contact(s) with the applicant

- ☐ I have known the applicant for _____ years.
- ☐ I have observed the applicant's clinical practice.
- ☐ I have had only casual contact with the applicant.
- ☐ I have had the applicant as a student.
- ☐ I have supervised the applicant in the clinical setting.
- ☐ Other _____

Compared to other nurses, indicate (✓) your rating of this applicant in terms of character and potential.

	Below Average	Average	Above Average	Superior	Not sure
Moral/Ethical Integrity					
Clinical Expertise					
Concern for Others					
Initiative					
Reliability					
Leadership Ability					
Teaching Aptitude					
Critical Thinking					

(continued)

TO BE COMPLETED BY REFERENT *(continued)*

In what ways do you think the applicant is capable of graduate work? Explain.

In what ways do you think the applicant could function well in nursing education/administration? Explain.

What do you consider to be the applicant's greatest strengths? Explain.

What do you consider to be the applicant's weakness(es)? Explain.

In your opinion, does the applicant demonstrate the type of characteristics that are appropriate for nursing education/administration? Explain.

I recommend the applicant ☐ without reservation ☐ strongly ☐ with reservations ☐ not recommended

☐ I prefer to discuss this further. Please call me at this number during the day (_____) _____
Area code *Number* *Ext.*

Signature of referent_____ Date _____

Thank you for your participation in this process.

Please return this form to:

BETHEL COLLEGE
INDIANA

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MISHAWAKA, IN 46545-5591

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