



Bethel College Nursing Program

Application Reference Form

If you have questions or additional concerns, please call:
 Chairperson, Department of Nursing - Bethel College
 300 East 27th Street • North Newton, KS 67117 • 800-522-1887, ext. 307

To the applicant: Please select a recent (within past 3 years) employer and one of the following to complete this form: minister, academic advisor or health professional. These individuals should not include relatives.

Name of Applicant: _____

Under the Family Educational Rights and Privacy Act, students of Bethel College have the right to inspect their files upon request.

1. I hereby WAIVE my right of access to this letter of recommendation.

Signature _____ Date _____

2. I DO NOT WAIVE my right of access to this letter of recommendation if admitted to the Department of Nursing.

Signature _____ Date _____

To the respondent: The above applicant to the Bethel College Department of Nursing has selected you to provide a reference. Please comment on this person's abilities by completing both sides of this form. Your cooperation in completing and promptly returning this form will assist both the applicant and the Department of Nursing.

Please rate the applicant using the checklist below. On the back please write a narrative to answer the questions which follow.

Evaluation of Student	Do not know	Below Average	Average	Above Average	Excellent
Truth-seeking					
Inquisitiveness					
Open-mindedness					
Self-confidence					
Analytical ability					
Organizational ability					
Cognitive maturity					
Accountability					
Responsibility					
Leadership					
Goal directedness					
Interpersonal skills					
Integrity					
Compassion					

Comments:

1. How long have you known the applicant and in what capacity?
2. Describe qualities that the applicant demonstrates which might be helpful in a nursing career.
3. Describe qualities that the applicant demonstrates which might not be helpful in a nursing career.
4. Does the applicant have the ability to solve problems? Yes No Please provide an example.
5. Are you confident in the applicant's integrity? If not, please explain.
6. What else would you like to tell us about this applicant?
7. Overall rating of this candidate's suitability for nursing:
 Highly Recommend Recommend Recommend with reservation Do not recommend

If we have additional questions regarding this applicant, may we call you? Yes No

Signature _____

Position _____

Institution or Organization _____

Address _____

Phone _____

Date _____