



# 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 or friends. Bethel College will not accept a reference from the applicant. Please put your name on the reference form and sign whether you waive or do not waive your right to review the reference. Please provide a stamped envelope addressed to Bethel for your respondent.

**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. They should have completed the waiver information above. If the form is blank, please do not complete the form until the waiver section is completed. 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 return the form directly to Bethel in the envelope provided by the applicant. Bethel College will not accept a reference form from the applicant.

**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 \_\_\_\_\_