4-Year Track Baccalaureate Nursing Program Reference Request

**Applicant**: Complete the top half of this page and send the form to the two individuals who will serve as your references. The reference can either return the form to you in a sealed envelope with signature across seal or mail directly to the Nursing Department.

**Applicant Name** (print clearly): _______________________________________________________________

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**WAIVER OF RIGHT TO REVIEW STATEMENT**

I, ________________________________, *waive / do not waive (please circle only one) the right to access the confidential material submitted by reference.

Signature of applicant: _________________________________________________________________

Date: _________________________________

*Waive = student may not review reference
Do not waive = student may review a copy of reference after application process is complete

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**REFERENCE FORMS MUST BE IN THE NURSING OFFICE BY SEPTEMBER 15**

**Reference**: Thank you for serving as a reference for the student above. Your honest assessment will assist us in evaluating the applicant’s readiness for the Baccalaureate Nursing Program at Bemidji State University. In completing this form, please rate the applicant in comparison to other students and/or employees you have known.

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<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Information</th>
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<td>Critical thinking ability</td>
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<td>Caring attitude</td>
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<td>Leadership ability</td>
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<td>Problem solving ability</td>
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<td>Ability to work with others</td>
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<td>Values learning</td>
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<td>Values diversity</td>
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Please describe and provide an example of how the applicant demonstrates the following in behavior and/or attitude:

1) Integrity

2) Leadership (formal or informal)

3) Intellectual curiosity

4) Perseverance

I certify that I am the person stated as "reference" below and that the responses on this form are all my own. This reference is given in good faith and in confidence, without legal liability on behalf of the author or of my organization.

SIGNATURE OF REFERENCE

PRINTED NAME ____________________________________________________________________________ DATE

ORGANIZATION & TITLE _____________________________________________________________________

ADDRESS ______________________________________________________________________________

Please place this form in a sealed envelope with signature across seal, and either return to applicant or mail to:

BSU Department of Nursing
1500 Birchmont Dr. NE #15
Bemidji MN 56601

Questions? Please call (218) 755-3860.