



**BEMIDJI**  
STATE UNIVERSITY

## Pre-Licensure 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): \_\_\_\_\_

**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: \_\_\_\_\_

*All completed forms will be treated confidentially should the student sign the Waiver of Right to Review Statement above.*

*\*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**

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**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.

	Exceptional	Above Average	Average	Below Average	No Information
Critical thinking ability					
Caring attitude					
Leadership ability					
Problem solving ability					
Ability to work with others					
Values learning					
Values diversity					

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

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PRINTED NAME

DATE

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ORGANIZATION & TITLE

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ADDRESS

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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.