SOUTHWESTERN OKLAHOMA STATE UNIVERSITY  
SCHOOL OF NURSING  

ESTIMATE OF APPLICANT'S SUITABILITY FOR NURSING  
PROFESSOR REFERENCE

Name of Applicant_______________________________________________________________

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Return this form directly to: School of Nursing Admissions Committee  
Southwestern Oklahoma State University  
100 Campus Drive  
Weatherford, OK  73096

The applicant listed above is a candidate for admission to the Southwestern Oklahoma State University (SWOSU) nursing program. We request your estimate of the applicant's suitability for nursing. This document is considered confidential and will be maintained as such during the applicant’s tenure in the School of Nursing. Thank you in advance for completing and promptly returning this form. Your cooperation will assist both the applicant and the School of Nursing.

1. How long have you known the applicant and in what capacity?

2. What do you consider the strengths and/or weaknesses of the applicant? If possible, give illustrations.

3. Do you place full confidence in the applicant's integrity? _________ If not, please explain.

4. Please describe any traits which might hinder the applicant’s success in nursing:
5. Would you describe the applicant as a ‘people-person’? Please provide illustrations which support your response:

Additional comments:

Please indicate below your endorsement of the applicant as a suitable candidate for nursing.

Endorse with enthusiasm

Endorse

Do not endorse

Date

Signature

Position

Address