SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
SCHOOL OF NURSING

RN to BSN
EMPLOYER REFERENCE

Name of Applicant_____
Last First Middle

Return completed form to: School of Nursing: RN to BSN Program
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 RN to BSN nursing program. This reference form will become part of the student's permanent file. According to the policy of the School of Nursing at Southwestern Oklahoma State University, the applicant may obtain access to his/her personal file upon written request to the Director of the School. Your cooperation in completing and promptly returning this form 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 chief qualities and strengths or weakness 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 work-related activities in which the applicant has taken an active part:

5. Explain any reason(s) you believe that might limit this applicant's success in the RN to BSN program.

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_____

_____