SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
SCHOOL OF NURSING

RN to BSN
PROFESSIONAL PEER REFERENCE

Name of Applicant_____
Last First Middle

Return this form directly 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 a part of the student's permanent file. According to the policy of the School of Nursing at Southwestern Oklahoma State University, the applicant may access his/her personal file upon written request to the Associate Dean of the School of Nursing, Thank you in advance for completing and promptly returning this form. Your input 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 or 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.

Additional comments:

Please indicate below your endorsement of the applicant as a suitable candidate for the RN to BSN nursing program.

Endorse with enthusiasm _____ Endorse _____ Do not endorse _____

Date_____ Signature_____

Position_____

Address_____

_____