SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
SCHOOL OF NURSING

ESTIMATE OF APPLICANT'S SUITABILITY FOR NURSING
PEER/CO-WORKER REFERENCE

Name of Applicant_______________________________________________________________

Last  First  Middle

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. Does the applicant like to work with people? _______ 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__________________________

______________________________