Nursing Department Student Reference Form

Please submit ONLY three (3) professional references from the following (if applicable): employer, instructor, or other. Personal references from family or friends will NOT be accepted. Your references should be from three people who can speak to your education history, scholarly capabilities, clinical interests, and overall characteristics.

Applicant should complete the top portion of this form and then forward this form to the person making the reference. Applicant may collect the letter in sealed envelope with the reference’s signature across the flap, or the reference can be mailed directly to the SFSC Health Sciences Admissions:

South Florida State College
Attention: Health Sciences/Nursing Student Reference
600 West College Drive
Avon Park, FL 33825

Date: ______________

Full name of applicant: __________________________________ SFSC GID: X____________

Applicant’s phone number: _____________________________

Applicant’s email address: _____________________________

Please check the correct academic program applying for:

☐ Generic RN I (ADNI) ☐ Practical Nursing (PN) ☐ Transition (LPN-RN)

I hereby waive my right of access to the material recorded below (optional):

Signature of applicant_______________________________ Date__________________

1. How long have you known the applicant listed above? ________________________

2. In what capacity do you know the applicant listed above? ____________________
Please complete the following character reference on the before listed SFSC nursing student applicant. Feel free to leave comments offering specific information about your experience with this individual with his/her potential to succeed in a nursing program. Please rate the following characteristics using the scale of 1-5 below.

<table>
<thead>
<tr>
<th>Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>No basis for Judgment</td>
<td>Unsatisfactory</td>
<td>Needs Improvement</td>
<td>Satisfactory</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>

A. **Caring** (responsive, prepared, possesses the desire to help people): 1 2 3 4 5

Comments ________________________________________________

B. **Competent** (problem-solver, possesses clinical/professional experience): 1 2 3 4 5

Comments ________________________________________________

C. **Compassionate** (respectful of others, preserves integrity of self and team): 1 2 3 4 5

Comments ________________________________________________

D. **Confident** (possesses critical thinking/reasoning abilities): 1 2 3 4 5

Comments ________________________________________________

E. **Conscientious** (Punctual, professional appearance, displays ethical behavior): 1 2 3 4 5

Comments ________________________________________________

F. **Commitment** (strength of interest/commitment to nursing/healthcare): 1 2 3 4 5

Comments ________________________________________________

G. **Communication** (displays effective communication skills, basic computer literacy): 1 2 3 4 5

Comments ________________________________________________

H. **Culture** (dedicated to work with diverse populations, committed to the community): 1 2 3 4 5

Comments ________________________________________________

Reference’s Name: ____________________________________________

(Please Print Name)

Reference’s Credentials________________________________________

Signature________________________________________ Date___________________