South Florida State College
Nursing Department Student Reference Form

Please submit three professional references from the following: employer, instructor, or other. 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 Staff Assistant:

South Florida State College
Attention: Health Sciences Staff Assistant/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 (ADN) ☐ Practical Nursing (PN) ☐ Transition (LPN-RN) ☐ (BSN)

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 continue on the next page.
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, displaces 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___________________