



TEXAS A&M  
HEALTH SCIENCE CENTER

MAILING ADDRESS:  
Office of the Registrar  
235 SRPH Administration Building  
College Station, TX 77843-1266  
Phone: (979) 862-3430 Fax (979) 862-3428

## Bachelor of Science in Nursing Reference Form

Please Type or Print

**TO BE FILLED OUT BY THE APPLICANT:**

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Program:       Generic       Accelerated       RN to BSN

Each applicant must submit two references. For those applying to the Generic and the Accelerated programs, it is preferred that one reference comes from a professor. For those applying to the RN to BSN program, at least one must come from your current or most recent immediate supervisor.

**Waiver Option**

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The Law also permits the student to sign a waiver relinquishing his or her right to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference if he or she is accepted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO THE INDIVIDUAL COMPLETING THIS FORM:**

The applicant above has selected you to provide information to us for their application file. Your evaluation will be a major component of our selection process. We would greatly appreciate your detailed, candid assessment of this candidate.

1. I have known the applicant for approximately \_\_\_\_ (circle one) months or years.

My relationship to the applicant was (or is) in the following capacity:

Faculty                       Advisor                       Employer                       Supervisor

Other (specify) \_\_\_\_\_

2. Was the applicant enrolled in any of your classes: (If so, please list) \_\_\_\_\_

3. I know him/her:               very well                       fairly well                       only casually

4. Please provide any comments that you think would assist in our evaluation of this candidate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE PLACE AN "X" UNDER THE RATING COLUMN WHICH BEST DESCRIBES THE APPLICANT.

	NO BASIS FOR JUDGMENT	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Academic ability					
Quality of work					
Work ethic					
Writing skills					
Oral skills					
Leadership ability					
Initiative					
Dependability					
Performance under pressure					
Professional demeanor					
Commitment to professional practice					
Emotional stability					
Maturity					
Character and integrity					
<b>OVERALL</b>					

My recommendation for admission to the Texas A&M Health Science Center College of Nursing BSN program:

(check one)

Highly recommend

Recommend

Recommend with reservations

Do not recommend

\_\_\_\_\_  
Signature of Recommender

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Recommender

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Institution/Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**THANK YOU FOR COMPLETING THIS RECOMMENDATION.**

**Please return this form directly to the applicant in a sealed envelope with your signature over the seal. Be advised that all required credentials (including this form) must be received in our office by the appropriate deadline.**