



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, at least one reference must come 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 _____ months or years (circle one).

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					
OVERALL					

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 (to include this form) must be received in our office by 3/01/08.