

**MENNONITE COLLEGE OF NURSING**  
**AT**  
**ILLINOIS STATE UNIVERSITY**  
Campus Box 5810  
Normal, IL 61790-5810  
(309) 438-7400

**Reference Form** (for RN/BSN Completion Students only)  
(To be filled out by an employer, instructor, or academic advisor.)

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**This section to be completed by applicant:**

Name: \_\_\_\_\_  
                                Last  first  middle

Address: \_\_\_\_\_  
                                Street  city  state                                zip

- I understand that this evaluation will be confidential, and I waive my right to read it.       I do not waive my right to read this form should I enroll at Mennonite College of Nursing; therefore this is not confidential.

\_\_\_\_\_  
Signature  or  Signature

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**This section to be completed by employer, instructor, or academic advisor:**

*Your evaluation of the applicant's personal qualifications is important in considering her/his interests and ability and will be handled confidentially. Where your acquaintance is insufficient for comment, write "cannot report." Please feel free to add an additional page for any other comments.*

1. How long have you known the applicant? \_\_\_\_\_

2. What has been your contact with the applicant? \_\_\_\_\_

3. What do you consider this person's assets or strong characteristics? \_\_\_\_\_

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

4. In your opinion, what personality characteristics does this person need to improve? \_\_\_\_\_

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

5. Other comments: \_\_\_\_\_

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

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**Personal Evaluation:**

Place an X in the appropriate space below. In each instance, please comment on the factors you considered arriving at your rating.

	Excellent	Satisfactory	Unsatisfactory	No basis for Judgment	Comments:
Adaptability					
Emotional stability					
Leadership ability					
Dependability					
Oral expression					
Written expression					
Sensitivity					
Judgment					
Initiative					
Integrity					

Do you:     Recommend this applicant     Hesitate to recommend     Do not recommend

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**Verification:**

Name: \_\_\_\_\_  
                        Last                          first                          middle                          title

Address: \_\_\_\_\_  
                        Street    city    state    zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please return to:  
Mennonite College of Nursing at Illinois State University  
Campus Box 5810  
Normal, IL 61790-5810