



## CHARACTER REFERENCE FORM

The applicant named below has shown interest in the nursing program at Felbry College- School of Nursing. The admission office may contact you for additional information if necessary.

Name of applicant: \_\_\_\_\_

PROGRAM OF INTEREST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	PRACTICAL NURSING	ASSOCIATE OF APPLIED SCIENCE (AAS)	

### REFERENCE INFORMATION

Name of reference: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

How do you know the applicant (*e.g. employee, supervisor, religious group member, instructor etc.*)?  
 \_\_\_\_\_

Please check the most appropriate box regarding applicant's abilities:					
	Excellent	Very Good	Good	Poor	Don't know
Communications Skills					
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude					
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to details					
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty					
Ability to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility					
Problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe why you think the applicant would be suitable for a nursing program:  
 \_\_\_\_\_

Please provide any additional comments about the applicant's character:  
 \_\_\_\_\_

I CONFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature of the reference: \_\_\_\_\_ Date: \_\_\_\_\_

*Affix official stamp if applicable*