

The University of South Carolina Aiken School of
Nursing at Union Campus

BSN Program REFERENCE FORM

Two Required. Both must come from a Core* course (those on the application.)

TO BE COMPLETED BY STUDENT:

Name of Applicant: _____

NOTE TO APPLICANT: Please Read Carefully

By law, you have the right to access this document. Please indicate whether or not you desire to waive this right. If you do not waive your right to access this document, this will in no way affect your acceptance status. Read the statement below. If you desire to waive your future access to this document, sign below. If you desire not to waive your right to access this document, do not sign below.

“I, _____, waive my right to read this reference form.”
(print name)

Applicant Signature

TO BE COMPLETED BY REFERENCE:

Name of Reference: _____

Current Position: _____

What school: _____

Email: _____

In what course did you have the applicant? _____

How long have you known the applicant? _____

Please rate the applicant on the following traits:

TRAIT	N/A (NOT OBSERVED)	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
1. Academic Ability					
2. Eagerness to Work					
3. Maturity					
4. Skills in Writing					
5. Verbal Skills					
6. Skills in Groups					
7. Self Motivation					
8. Acceptance of constructive criticism					

Do you have any reason to doubt this applicant's integrity? Yes No

Comment: _____

Signature of Reference: _____ Date: _____

Please return directly to: Lynn Edwards 320 E. Main St. Union, SC 29379 or scan to Pinnell@mailbox.sc.edu