



School of Health Sciences

Reference Letter for \_\_\_\_\_ Program  
*Identify: Nursing or Radiography*

This letter is sent in reference to \_\_\_\_\_ who has applied for admission. This person gave your name as someone who could evaluate them in the following areas.

CHARACTERISTICS	SCORE					HIGH	
	LOW	1	2	3	4		5
1. Honesty	_____	_____	_____	_____	_____	_____	DON'T KNOW
2. Ethical/moral conduct	_____	_____	_____	_____	_____	_____	DON'T KNOW
3. Appearance	_____	_____	_____	_____	_____	_____	DON'T KNOW
4. Dependability/Accountability	_____	_____	_____	_____	_____	_____	DON'T KNOW
5. Maturity	_____	_____	_____	_____	_____	_____	DON'T KNOW
6. Judgment/Decision Making	_____	_____	_____	_____	_____	_____	DON'T KNOW
7. Interpersonal relations:							
a. With immediate supervisor	_____	_____	_____	_____	_____	_____	DON'T KNOW
b. With co-workers	_____	_____	_____	_____	_____	_____	DON'T KNOW
c. With peers	_____	_____	_____	_____	_____	_____	DON'T KNOW
8. Initiative and Creativity	_____	_____	_____	_____	_____	_____	DON'T KNOW
9. Motivation for further Education	_____	_____	_____	_____	_____	_____	DON'T KNOW

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

In what relationship have you known the applicant (co-worker, minister, teacher, employer, counselor)?  
\_\_\_\_\_

What Agency/School/Congregation do you represent? \_\_\_\_\_

Are you related to the applicant? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, how? \_\_\_\_\_

OVERALL, I WOULD/WOULD NOT RECOMMEND THE APPLICANT TO YOUR PROGRAM.  
(circle one)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
(please print)

ADDRESS \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Please return this form, by mail, to Bacone College, Division of Health Sciences  
2299 Old Bacone Road, Muskogee, OK 74403.