

**FRANKLIN TECHNOLOGY CENTER @ MSSU PRACTICAL NURSING PROGRAM**

**Prospective Student Nurse Reference Form 2017-2018 School Year**

Applicant: Please print your name in the space below. You are responsible for giving a form to a current or former employer, instructor, or co-worker (Family member references will not be accepted)

I, \_\_\_\_\_, waive my right to view this reference form.

Reference: The applicant listed above is applying for admission to the Franklin Technology Practical Nursing Program.

Applicants are required to submit reference forms as part of the application process.

You are asked to make an honest appraisal of the applicant.

This reference is confidential.

On a scale of one to five, with one (1) being the lowest possible rating and five(5) being the highest, please rate the applicant named above.

If you cannot rate the applicant in all areas, please notify them so they can name another reference.

This reference form must be mailed directly in a sealed envelope to Franklin Technology Practical Nursing Program, 3950 East Newman Road, Joplin, MO 64801.

If you have any questions concerning this form, please call 417-659-4403 to speak with the coordinator of the program.

Please check appropriate reponse:

	Poor		Average		Excellent
	1	2	3	4	5
<b>PERSONAL QUALITIES</b>					
Professional Appearance					
Cooperation					
Dependability					
Response to Stressful Situations					
Honesty					
Judgment					
Punctuality					
Flexibility					
Initiative/ Motivation					
Leadership					
Communication Skills					
Organizational Skills					

Your relationship to the Applicant:  
(please check appropriate response)

Employer

Instructor

Co-Worker

Would you endorse this applicant as a candidate for our nursing program?

Yes  No

**PLEASE FILL OUT THE BACK SIDE OF THIS FORM.**

Additional comments about the applicant are always welcomed.  
(use additional paper as needed)

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

**REFERENCE FORM DUE NO LATER THAN MAY 4TH 2017**  
**Thank You for Your Assistance**