

**SGU Associate in Nursing
Work or Educational Reference**

I _____ waive the right to review this recommendation. I understand this will be kept
(Print Applicant's Name)

confidential.

_____ (Applicant Signature)

_____ (Date)

The above named applicant is applying for admission to the Licensed Practical Nursing Program at Sinte Gleska University. Please complete this form, place in a sealed envelope with your signature across the seal, and return to applicant. The applicant will submit your reference with their application to SGU Nursing. The statements you make will be regarded as confidential.

Please rate the qualities of this applicant based on the following:

	Outstanding	Satisfactory	Needs Improvement	Unable to Evaluate	Comments
Initiative/Motivation					
Communication Skills					
Oral					
Written					
Interpersonal Skills					
Peers/Coworkers					
Teachers/Supervisors					
Reaction to Stress					
Integrity					
Work Attitude					
Organizational Skills					
Problem Solving					
Responsibility/Maturity					
Intellectual Ability/Curiosity					
Compassion					
Overall Potential as a Nurse					

