



Accelerated Option Reference Form

Bachelor of Science in Nursing

University of Missouri-Columbia

APPLICANT:

1) Please note additional copies of this reference need to be made before being given to individuals completing the reference form.

2) Please mail reference form in sealed envelope directly to:

Accelerated Academic Advisor
MU Sinclair School of Nursing
S235 School of Nursing Building
University of Missouri-Columbia
Columbia, MO 65211

PLEASE TYPE OR PRINT

Request for professional reference for: _____

APPLICANT, PLEASE SIGN ONE OF THE FOLLOWING:

CONFIDENTIAL The contents of this statement are to remain **CONFIDENTIAL**. I waive my right to see this recommendation.

Signed: _____ Date: _____

NOT CONFIDENTIAL The contents of this statement are **NOT CONFIDENTIAL**. I **do not** waive my right to see this recommendation.

Signed: _____ Date: _____

TO THE INDIVIDUAL COMPLETING THIS FORM:

The Admissions Committee of the MU Sinclair School of Nursing would appreciate your candid appraisal of this applicant to our accelerated BSN option program. Once you have completed the form, please place it in an envelope, sign your name on the sealed flap and return it to the applicant. Thank you.

We appreciate you answering the questions in this form in a specific, detailed and candid manner, noting in particular incidents which illustrate the applicant's maturity, intellectual capacity and initiative.

1) Under what circumstances and for how long have you known the applicant?

2) What do you consider to be the applicant's most outstanding talents or characteristics?

3) What do you consider to be the applicant's chief liabilities or weaknesses?

4) Do you believe an accelerated program of study is appropriate for the applicant at this time? Why?

5) Please use the following scale to rate the applicant: 1 - Below Average
2 - Average
3 - Above Average (in upper 25%)
4 - Outstanding
NA - Unable to Evaluate

	1	2	3	4	NA
Intellectual capacity					
Maturity					
Ability to express ideas clearly verbally and in writing.					
Ability to work with others					
Accountability for own behavior					
Motivation					
Imagination/Creativity					

I have the following recommendation for admission to the MU Sinclair School of Nursing Accelerated BSN Option:

- I strongly recommend
- I recommend
- I recommend with some reservations
- I do not recommend

Signature of Recommender

Date

Name of Recommender (Printed)

Position/Title

Address

Phone number and/or email address

Thank you for your assistance.