



REGISTERED NURSING REFERENCE FORM

One Stop Student Services - onestop@cw.edu - 208.562.3000 - cw.edu

Applicant Instructions: The reference form must be submitted IN A SEALED ENVELOPE with your completed application. TWO PROFESSIONAL REFERENCES REQUIRED

Reference Instructions: SIGN ACROSS THE SEAL of the envelope for official recognition. Return reference in a sealed envelope to applicant. Do not fax or mail to CWI.

STUDENT INFORMATION

LAST NAME FIRST NAME M.I. PHONE NUMBER (INCLUDING AREA CODE)

ADDRESS CITY STATE ZIP CODE

CWI STUDENT ID#

RELATIONSHIP TO STUDENT

What is your relationship to the applicant: Employer: _____ Instructor: _____ Other: _____

How long have you known the applicant? _____ Years _____ Months

Please check in the space below to indicate your opinion of the applicant. Your comments will be available to the selection.

CHARACTERISTICS	SUPERIOR 5	ABOVE AVERAGE 4	NEUTRAL 3	AVERAGE 2	BELOW AVERAGE 1
FLEXIBILITY					
ACCEPTS RESPONSIBILITY					
LEARNING CAPABILITIES					
CONSISTENT ATTENDANCE					
WORKS WELL WITH OTHERS					
COMMON SENSE					
INITIATIVE / ENTHUSIASM					
FOLLOWS DIRECTIONS					
PUNCTUALITY					
RELIABILITY / TRUSTWORTHY					

Anything that we haven't asked that we should know? _____

Other Comments: _____

SIGN THIS WORKSHEET

Signature and Title: _____ Date: _____

Print Name: _____ Company/Agency: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____