



St. John's College
Department of Nursing

Letter of Reference

(Confidential if signed by applicant)

To be completed by the applicant:

Name of applicant _____

Address _____

City _____ State _____ ZIP _____

Degree sought: BSN MSN

The above named applicant waives the right to review this form at any later date if signed here:

Signature of applicant

**Thank you for completing this recommendation on behalf of
this applicant who has filed for admission to St. John's College of Nursing.
Your comments are a valuable part of the application process.**

Please type or print.

Name of person completing form _____

Email address _____

Phone (_____) _____

Position/Title _____

Employer _____

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

Under what circumstances have you known the applicant? _____

*Letter of reference forms must be from professional or academic sources. References from family or friends will not be accepted.
A supplemental recommendation letter may be added to this form, but is not required.*

Part 1: Summary evaluation

Using the chart below, please rate the applicant relative to others you have known in a similar capacity.

	Outstanding	Above Average	Average	Fair	Poor	Not Observed
Academic potential						
Ability to work independently						
Ability to work with others						
Leadership potential						
Maturity						
Communication skills: Oral						
Communication skills: Written						
Ability to analyze problems and formulate solutions						
Social awareness and concern						
Motivation for advancing his/her degree in nursing						

Part 2:

- 1. What do you consider the applicant’s most outstanding talents or characteristics?
- 2. In your opinion, what are the applicant’s potential for growth?
- 3. Additional comments:

Signature of Reference

Date

Letters of reference are only valid for one calendar year upon receipt.

Please return directly to: St. John’s College of Nursing
729 E. Carpenter Street
Springfield, IL 62702