



Bachelor of Science in Nursing Applicant Reference Form

Instructions to the applicant: Complete items 1-4 and email the form to your referee.

1. Last name, First Name and Middle Initial – as submitted with STC Admissions Office

2. Student STC ID #

3. Date of Birth (mm/dd/yyyy)

4. Indicate Track

Full-time 12-month program

Part-time 18-month program

Note: Email the form to each of your referee. The form must be submitted on or before the deadline.

By emailing this form, I am giving permission to my referee for a professional reference for the BSN Program at South Texas College. I confirm by entering my initials.

Instructions for the Referee - The applicant named above requests that you serve as a reference for their application to the RN-to-BSN Program at South Texas College in McAllen. Please complete this form to assist us in evaluating their application. The BSN Department will treat all Reference Forms as confidential.

6. Please rate the applicant on the following:

	Exceptional	Above Average	Average	Below Average	N/A
Knowledge in the Nursing Field					
Capacity of Independent Thinking (critical thinking, clinical reasoning)					
Leadership Ability					
Motivation to Work					
Ability to work well with others					
Ability to express well verbally and in writing					
Likelihood of success in the BSN Program					
Dependable					
Listening Skills					
Competencies in Nursing Skills					

7. How long have you known the applicant?

8. In what capacity have you known the applicant?

Employer Coworker Former Instructor Professional Colleague Other _____

9. Where would you place the applicant on the following scale?

Recommend for BSN Program

Unsure of ability to perform in a BSN Program

Do not recommend for BSN Program

10. Please provide the information below:

Name:
Title:
Agency/Institution/Employer Name:
Address Line 1:
Telephone number:
Email address:
Signature:

Please submit the form by pressing the green button or email it to BSNdept@southtexascollege.edu. Thank you.