

**RESEARCH COLLEGE OF NURSING  
ACCELERATED BSN OPTION**

**REFERENCE FORM**

**Name of  
Candidate**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Social Security Number

**Name of  
Recommender**

\_\_\_\_\_

Last

\_\_\_\_\_

First

**TO THE CANDIDATE SUBMITTING THE FORM: (SIGN ONE)**

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

\_\_\_\_\_

Signed

\_\_\_\_\_

Date

**Not  
Confidential**

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

\_\_\_\_\_

Signed

\_\_\_\_\_

Date

**TO THE INDIVIDUAL COMPLETING THIS FORM:**

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

1) Under what circumstances have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

2) What do you consider the candidate's most outstanding talents or characteristics? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) What are the candidate's chief liabilities or weaknesses? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you rate the applicant with respect to the following qualities:

	BELOW AVERAGE BOTTOM 1/3	AVERAGE MIDDLE 1/3	GOOD TOP 1/3	USUSALLY GOOD TOP 15%	OUTSTANDING TOP 7%	TRULY EXCEPTIONAL TOP 2%	INADEQUATE OPPORTUNITY TO OBSERVE
INTELLECTUAL CAPACITY	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
ABILITY TO WORK WITH OTHERS	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
MATURITY	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
MOTIVATION	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
IMAGINATION/CREATIVITY	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

I  strongly recommend...

recommend...

recommend with some reservations...

do not recommend...

**that this applicant be admitted to the Research College of Nursing Accelerated BSN Option.**

\_\_\_\_\_  
Signature of Recommender

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Recommender (Printed)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip (\_\_\_\_)\_\_\_\_\_  
Current Telephone Number

**Please mail directly to:**

**Office of Student Affairs  
Research College of Nursing  
2525 East Meyer Boulevard, Room 126  
Kansas City, Missouri 64132-1199  
(816)995-2820**

Thank you for your assistance

**RESEARCH COLLEGE OF NURSING  
ACCELERATED BSN OPTION**

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**Name of  
Candidate**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Social Security Number

**Name of  
Recommender**

\_\_\_\_\_

Last

\_\_\_\_\_

First

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ABILITY TO WORK WITH OTHERS	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
MATURITY	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
MOTIVATION	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
IMAGINATION/CREATIVITY	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

I [ ] strongly recommend...

**that this applicant be admitted to the Research College of Nursing Accelerated BSN Option.**

[ ] recommend...

[ ] recommend with some reservations...

[ ] do not recommend...

\_\_\_\_\_  
Signature of Recommender

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Recommender (Printed)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(\_\_\_\_)\_\_\_\_\_  
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