



WORK REFERENCE FORM

REGISTERED NURSE

Please return completed form to
Southeast Tech
2320 N Career Ave Sioux Falls, SD 57107
Phone: 605-367-6040 **or** 800-247-0789
Fax: 605-367-8305
Email: Admissions@southeasttech.edu

I, _____ waive the right to review this recommendation. I understand this will be kept confidential.

Applicant Signature _____

Date _____

The above-named applicant is applying for admission to the Registered Nurse Associate of Applied Science Nursing program at Southeast Technical College in Sioux Falls, S.D. Please complete this form and submit to the applicant or to the STC Admissions Office in one of the following ways:

Email or fax: Submit directly to the STC Admissions Office and include your physical, non-computer-generated signature on the form.

Mail: If mailing in to STC Admissions or sending with the applicant, please place in a sealed envelope with your signature across the seal.

This reference will be included in the applicant's application to the Southeast Tech RN program. The statements you make will be regarded as confidential.

PLEASE RATE THE QUALITIES OF THIS APPLICANT ON A 1-10 SCALE BASED ON THE FOLLOWING:

	OUTSTANDING	SATISFACTORY	NEEDS IMPROVEMENT	UNABLE TO EVALUATE	EXPLAIN, IF NECESSARY
Type or print your rank for each row below.	10, 9 or 8	7, 6 or 5	4, 3, 2 or 1		
Initiative/Motivation					
Overall Communication Skills					
Oral Communication					
Written Communication					
Interpersonal Skills Co-workers/Patients					
Adaptability					
Integrity					
Work Ethic					
Organizational Skills					
Problem Solving					
Responsibility/Maturity					
Compassion					
Accepts Constructive Guidance					
Dependability/Attendance					
Nursing Skills at Workplace					
Prioritizing Care					
Overall Professionalism					

Continue to back for more information

1. Relationship to applicant (please check one) ____ Work Supervisor ____ Other
If Other, please indicate relationship: _____
2. How long have you known the applicant? _____
3. If you have other information that you feel would be significant to the Admissions Committee in the evaluation of this applicant's qualifications, please provide that information on the **back** of this form.
4. In consideration of the total perspective, please rate this applicant.
- | Highly Recommend | Recommend | Serious Reservations |
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Organization/Institution	Title	Phone
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Print Name	Signature
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