



Fort Scott Community College  
Department of Nursing  
2108 South Horton  
Fort Scott, Kansas 66701

\_\_\_\_\_, is a candidate for admission to the nursing program. We desire your estimate of the applicant's suitability for nursing. Your comments will be used to help arrive at a better understanding of the applicant. **Please return this form directly to the Department of Nursing at Fort Scott Community College.**

I, \_\_\_\_\_, (student nurse applicant), waive my right to review this reference.

Please check your evaluation of the student nurse applicant:

	Satisfactory	Needs Improvement (please explain)
1. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>
2. Dependability	<input type="checkbox"/>	<input type="checkbox"/>
3. Honesty	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses time wisely	<input type="checkbox"/>	<input type="checkbox"/>
5. Emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>

What are the major strengths of this applicant?

What are the major weaknesses of the applicant?

Has this applicant, so far as you know, any handicaps which might limit success in nursing?

No  Yes  (Please Explain)

I endorse this applicant as a nursing student

I do not endorse this applicant as a nursing student

Additional comments:

How long have you known the applicant and in what capacity?

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_