



Reference Form
Appendix A

Student Name _____
Heritage University ID _____ Heritage University email _____
Address _____
Phone # (_____) _____

The above named applicant is applying for admission to the Bachelor of Science in Nursing Program at Heritage University and has named you as a reference. After completing this form, please send it to the Department of Nursing, Heritage University, 3240 Fort Rd. Toppenish, WA 98948 or Nursing_Admissions@heritage.edu

Name _____
Organization _____
Title _____
Address _____
Phone # (_____) _____

- 1. How many years have you known the applicant? _____
2. In what relationship? __ Supervisor __ Educator __ Work Associate __ Other (please specify) _____
3. Rank the applicant in the following areas:

Table with 4 columns: Above Average, Average, Below Average, Not Observed. Rows include Academic Ability, Collaborative Ability, Verbal Communication, Written Communication, Critical Thinking, Leadership, Intellectual Ability, Integrity, Self-Direction.

- 4. Do you know of any reason this individual would not be able to complete an intensive course of study _____
5. Do you: __ Highly Recommend; __ Recommend; __ Recommend with Reservation; __ Not Recommend

Reference's Signature _____ Date _____