

**WATTS COLLEGE OF NURSING**  
**2828 Croasdaile Drive, Suite 200**  
**Durham, North Carolina 27705**

**REFERENCE FORM**

**NAME OF APPLICANT:** \_\_\_\_\_

The above referenced applicant is applying for admission to Watts College of Nursing. Your comments will be considered confidential and will be used only by the faculty of Watts College of Nursing to help them better understand the applicant.

**PLEASE EVALUATE THE APPLICANT BY CHECKING THE APPROPRIATE SPACES. AFTER COMPLETING THIS FORM:**

- 1. Place in an envelope**
- 2. Seal the envelope**
- 3. Sign your name over the seal**
- 4. Return to the applicant**

EX: Excellent VG: Very Good S: Satisfactory U: Unsatisfactory UE: Unable to Evaluate

		EX	VG	S	U	UE	COMMENTS
1.	Dependability						
2.	Initiative						
3.	Attention to Detail						
4.	Flexibility						
5.	Ability to Accept Feedback						
6.	Teamwork						

1. What qualities does the applicant have that you believe would contribute most to her/his success as a professional nurse?

2. How long have you known the applicant?

3. In what capacity have you known the applicant?

Endorse With Enthusiasm \_\_\_\_\_ Endorse \_\_\_\_\_ Do Not Endorse \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Address \_\_\_\_\_