

Please submit 2 reference forms for application

NAME OF APPLICANT _____

MISSISSIPPI COLLEGE
School of Nursing
ON LINE RN-BSN COMPLETION TRACK

REFERENCE FORM FOR
ADMISSION TO THE PROFESSIONAL PROGRAM

(To be completed by a responsible adult who knows the applicant through school, employment, or community relationships.)

Please rate the applicant regarding the following characteristics:

	Excellent	Good	Average	Poor
Verbal Communication				
Personal Appearance				
Personality				
Character				
Suitability for advanced education				

How long have you known the applicant? _____

In what capacity? _____

Please give additional comments which would be helpful in evaluating this applicant.

Signed _____ Date _____

Position _____

Business Address _____

(Reference should be mailed directly to
Mississippi College School of Nursing, Box 4037, Clinton MS 39058)

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