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:

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
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</thead>
<tbody>
<tr>
<td>Verbal Communication</td>
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<tr>
<td>Personal Appearance</td>
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<td>Personality</td>
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<td>Character</td>
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<tr>
<td>Suitability for advanced education</td>
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</table>

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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