

Reference in support of an application to the School of Nursing Northern Baccalaureate Nursing Program	
To be completed by Applicant:	
Name: _____	
UNBC Student Number (if applicable): _____	
Remainder of form to be completed by Referee:	
Name: _____ Occupation: _____	
What is your relationship to the applicant? _____	
How long have you known the applicant? _____	
Home Phone: _____ Work Phone: _____ Email: _____	
<p>Using the scale provided, please rank the applicant for each category as follows:</p> <p>Academic Preparation Ranking: _____</p> <p>Interpersonal Skills Ranking: _____</p> <p>Attitude Ranking: _____</p> <p>Critical Thinking Ranking: _____</p>	<p>0 = not at level needed for BScN Study</p> <p>1 = poor</p> <p>2 = below average</p> <p>3 = average</p> <p>4 = good</p> <p>5 = very good</p> <p>n/a= you are unable to comment on the category</p>
<p>Please provide comments:</p> <p>1. What do you see as the strengths the applicant would bring to the nursing profession?</p> <p>2. What do you see as areas of weakness this applicant may benefit from addressing in order to perform competently as a student and professional nurse?</p>	

Signature of Referee: _____ Date: _____

Application Deadline: January 15th
NOT for return to Applicant. Please email form DIRECTLY to nursing-admissions@unbc.ca