



# ST. FRANCIS XAVIER UNIVERSITY

## Reference Form

**Email or Mail form to:**

**Admissions Office ([admit@stfx.ca](mailto:admit@stfx.ca))**

St. Francis Xavier University

P.O. Box 5000

Antigonish NS B2G 2W5

Continuing & Distance Education

Distance Nursing Programs

**\*\*This form is to be completed by a current/past Nursing Supervisor or Academic Educator who can validate your nursing skills. Colleagues and/or family members are not permitted to complete this form**

**CANDIDATE'S NAME (Please Print Clearly):** \_\_\_\_\_

Candidate has applied for entry into a program of study (part-time). All students are required to submit a letter of reference. The form below serves this purpose. Your evaluation is an important part of the admission process. Please send this completed form directly to the address at the top of page.

**5 Excellent    4 Above Average    3 Average    2 Below Average    1 Poor**

### GENERAL QUALITIES

#### YOUR RATING OF CANDIDATE

	5	4	3	2	1
Self-Discipline	5	4	3	2	1
Motivation for Self-Improvement	5	4	3	2	1
Initiative	5	4	3	2	1
Sense of Responsibility	5	4	3	2	1
Intelligence	5	4	3	2	1
Communication Skills (Verbal)	5	4	3	2	1
Communication Skills (Written)	5	4	3	2	1
Group Leadership Ability	5	4	3	2	1
Sense of Co-operation	5	4	3	2	1
Punctuality	5	4	3	2	1
Health	5	4	3	2	1

### PROFESSIONAL QUALITIES

	5	4	3	2	1
Quality of Nursing Care	5	4	3	2	1
Relations with Co-workers	5	4	3	2	1
Inservice Participation	5	4	3	2	1
Relations with Patients	5	4	3	2	1
Professional Judgement	5	4	3	2	1
Work Habits	5	4	3	2	1

How long and in what capacity have you known the candidate?

What do you consider the candidate's strongest assets in relation to pursuing a program of university studies?

What do you consider the candidate's major limitations?

**Additional Comments:**

***Please Print***

Name: \_\_\_\_\_

Professional Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_