

## Oglala Lakota College Department of Nursing Reference Form

<b>Applicant:</b> Before giving this form to your reference, please complete the information in this box.
Applicant Name: (Please Print)
Under PL 90-247, Section 438, I voluntarily waive/do not waive/ My right to examine the confidential reference below:
Signature:
Date:
• Please do not use relatives or friends for references. Employers, either past or present, teachers, co-workers, clergy, or community leaders are you best resource.
The above named applicant is applying for admission to the Associate Degree Program at the Oglala Lakota College and has given your name as a reference. Our address is:
Oglala Lakota College Department of Nursing P.O. Box 861, Pine Ridge, SD 57770

I have known this applicant for \_\_\_\_\_ years in the capacity of:\_\_\_\_\_

Please rate the applicant in the following areas below.

	Excellent	Good	Average	Below Average	Not Applicable
Ability to work with people					
Leadership					
Personal initiative					
Growth potential					
Concern for others					
Motivation					
Integrity					
Reliability					
Reaction to feedback					
Communication skills					

Would you recommend this applicant for admission to Oglala Lakota College, Department of Yes\_\_\_\_\_No\_\_\_\_Hesitant?\_\_ Nursing (Please address "no" or "hesitant' below) **Comments:** Signature:\_\_\_\_\_Date:\_\_\_\_ Occupation: Address:

In the section below, please comment on this individual's strengths and weaknesses, as well

as addressing any reasons for marking them as above or below average in any area.