



**Oglala Lakota College  
Department of Nursing  
Reference Form**

**Applicant:** 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.**

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

