

## REFERENCE FOR NURSE CAMP

I have submitted your name to the Marian University Nurse Camp as a reference. My signature gives you my permission to release information about me regarding my suitability for nursing. Please complete the reference form below and return directly to:

Marian University  
College of Professions, Dept. of Nursing  
Sarah Beardsley  
45 S. National Ave.  
Fond du Lac, WI 54935  
[srbeardsley87@marianuniversity.edu](mailto:srbeardsley87@marianuniversity.edu) or (920) 923-7659

- Academic
- Teacher
- Counselor
- Other Reference

### Name of Applicant:

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	
Date	Applicant's Signature	

**Applicant:** Indicate if this reference is a Counselor/Teacher Reference, or Other Reference (right top portion of this form). Please date and sign before sending out the reference form.

**Reference:** The above applicant has applied to attend our nursing camp. The purpose of this camp is to educate students about the nursing profession.

- How long have you known the applicant and in what capacity?
- What points impress you most about the applicant?
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  - 
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3. **Counselors/Teachers/Other Recommendation:** Please indicate whether you recommend this applicant as someone who demonstrates characteristics suitable for nursing (integrity, self-responsibility, maturity, self-direction).

- Recommend Highly  \_\_\_\_\_
- Recommend  \_\_\_\_\_
- Hesitate to Recommend  \_\_\_\_\_
- Do Not Recommend  \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Please feel free to write any additional comments on the back of this form.