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ADMISSION PACKET

Dear Prospective Nursing Student,

We are honored that you have chosen to apply to Truett McConnell University (TMU) Bachelor of Science in Nursing (BSN) program. Enclosed you will find information that details eligibility requirements, the admission process, and application guidelines, with associated forms. Please complete the forms and return to the Rielin & Salmen School of Nursing (RSSON) by September 1.

We are honored that you have selected TMU to pursue your BSN degree. We are committed to your success and we are excited that you are applying to our nursing program. If accepted into the nursing program, we will assist you in reaching your goals and your calling to be a nurse. It is our prayer that you will enjoy success in your academic endeavors, excel in compassionate care and moral leadership, grow in your knowledge of nursing as a ministry, and embrace the truth of Scripture as the foundation for those who are called to the nursing profession.

Please contact us if we can be of any assistance.

May you be richly blessed as you serve our Lord in this exceptional profession.

With Every Blessing,

RSSON Faculty

Truett McConnell University

The Rielin & Salmen School of Nursing

(706)865-2134 x 6001

[nursing@truett.edu](mailto:nursing@truett.edu)

***Admission Process***

**Eligibility Requirements:**

1. Admission to Truett McConnell University (TMU) is a prerequisite to admission to the BSN program. Transfer students must meet the admission requirements of TMU and provide official transcripts from all previously attended institutions, including prior nursing education and other supporting documentation as requested, such as, immunization records, health form, etc.
2. Applicants who have attended another upper level nursing education program are required to indicate this attendance on the nursing application, and to submit a letter of eligibility from the dean or director of the previous nursing program. Failure to disclose this information may lead to dismissal from the TMU BSN program. Transfer students who have been dismissed from another nursing education program may be **ineligible for admission** to the BSN program
3. BSN applicants must have a minimum overall grade point average of 3.0 in all college level curriculum courses: a grade of C or higher is required in all prerequisite courses.
4. All students applying to The Rielin & Salmen School of Nursing must take the Health Education Systems, Inc. (HESI) Admission Assessment (A2) exam. No exemptions or substitutions are permitted. Students are allowed to test a maximum of once in a 30-day period and three attempts in one calendar year. The exam is timed and computerized. Previous HESI A2 scores may be considered by faculty as acceptable for admission criteria. Refer to the HESI A2 policy on the TMU RSSON website.
5. Applicants are expected to meet the [Core Performance Standards](https://truett.edu/wp-content/uploads/2019/07/RSSON-Core-Performance-Standards.pdf) for acceptance into the BSN program and will be required to submit evidence of overall health status consistent with these standards. Specific health requirements are outlined by the RSSON that meet the stipulations of the clinical sites utilized in the BSN program. Refer to the BSN Student Handbook found at [www.truett.edu/schoolofnursing](http://www.truett.edu/schoolofnursing%20)

**Admission Application Guidelines**

The admission process requires an application to and acceptance from TMU prior to applying to the RSSON. All official transcripts should be submitted with an application to TMU. The application guidelines for admission to the TMU RSSON along with the completed application packet include the following:

1. Completed and signed Application for Admission Form providing an additional email address for after graduation contact purposes.
2. Enclose a $25 non-refundable fee in the form of a check (made payable to Truett McConnell University), money order, or cash.
3. Submit a Biographical sketch

* The Biographical sketch should be a personal account discussing significant events and influences which have affected your life and comprised of no more than 2 pages (**double spaced**).

1. Complete a one page, typed paper answering the following two questions:

* Why do you want to be a registered nurse?
* Why did you choose the BSN program at Truett McConnell University?

1. Complete the HESI A2 Admission Assessment and provide official HESI score(s)

* Please see the TMU RSSON website for additional information regarding HESI testing information and requirements. Complete instructions for registering and testing dates will be sent via email.

1. Submit **three** BSN Program References

* Applicants must submit three references from qualified individuals who are able to provide pertinent personal and professional information, including interpersonal skills, emotional stability, & character. Please refer to TMU’s School of Nursing [Core Performance Standards](https://truett.edu/wp-content/uploads/2019/07/RSSON-Core-Performance-Standards.pdf). The qualified individual must have known you a minimum of one year and **must not be a relative**. The completed reference form must be received prior to the posted deadline.

Your completed application packet and accompanying documents must be received in the RSSON office, Room 111, Brown Hall, delivered in person or by mail no later than September 1st prior to the anticipated entrance year. The mailing address is as follows:

Truett McConnell University

Rielin & Salmen School of Nursing

100 Alumni Drive

Cleveland, GA 30528

Please note the RSSON is not responsible for delays with postal services. Late applications will not be accepted. If you have any questions about this packet, please call the RSSON at 706 865 2134 x 6001.

Additionally, an interview will be conducted with each student after the application has been reviewed and considered complete. You will be contacted with a date and time for your interview. Any applicant who fails to appear at your scheduled time without prior notification will have their application considered invalid. Business casual attire is considered appropriate for your interview.

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REQUIRED FORMS

**Application for Admission**

Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received (TMU staff only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Maiden

TMU ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TMU Campus Mailbox # \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Mobile Number

Birthplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language Spoken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: \_\_\_\_ African-American \_\_\_\_ Caucasian \_\_\_\_ Hispanic \_\_\_\_ Native American \_\_\_\_ Pacific Islander \_\_\_\_

Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US Citizen \_\_ Yes \_\_ No

Number of credit hours completed at TMU \_\_\_\_\_\_\_\_\_\_ Number of credit hours currently enrolled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied to the TMU RSSON before? \_\_\_\_ Yes \_\_\_\_ No When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been a student in any nursing school? \_\_\_\_ Yes \_\_\_\_ No If yes, answer the following:

Name of Nursing School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip Code

Entrance Date \_\_\_\_\_\_\_\_\_\_\_Exit Date \_\_\_\_\_\_\_\_\_\_ Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Background:** State the high school from which you graduated, and list in chronological order all schools and colleges subsequently attended.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of School or College and Location** | **Begin Date** | **End Date** | **Year** | **Degree Obtained** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(Please list additional schools on a separate sheet of paper)

**Activity Record:** (Honors, awards, offices, scholarships)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment/Volunteer Background:** State below in chronological order any work experience you have had, including part-time, volunteer, nurse’s aide, etc. Attach additional sheets if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Type of Work** | **Date Began** | **Date End** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**References:** Please include the names of at least three persons who qualify to provide a reference. Please do not include a relative.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Institution and Address** | **Phone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Have you ever been convicted of a crime other than a minor traffic violation?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain, and give the details on a separate sheet of paper.

Please Note: According to our clinical agreements with hospitals and other clinical sites, **one** background check & drug-screening test will be required during the program and prior to your first clinical experience. If you fail either the background check and/or drug-screening, this may result in immediate dismissal from the nursing program.

Program completion does not guarantee licensure.

**THE INFORMATION GIVEN ON THIS FORM IS ACCURATE AND COMPLETE. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Date**

**Failure to provide truthful information may result in dismissal from the program.**

**BSN Program Reference**

**This section to be completed by applicant:**

Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last First Middle Maiden

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This section to be completed by reference:**

The above-named applicant is applying for admission to Truett McConnell University Martha Rielin and Elizabeth Salmen School of Nursing Bachelor of Science in Nursing Program and has named you as a reference. Please answer and complete the form below.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

1. How many years have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what relationship/capacity? \_\_ Supervisor \_\_ Educator \_\_ Work Associate \_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Rank the applicant in the following areas:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Above Average | Average | Below Average | Not Applicable |
| Academic Ability |  |  |  |  |
| Collaborative Ability |  |  |  |  |
| Intellectual Ability |  |  |  |  |
| Verbal Communication |  |  |  |  |
| Written Communication |  |  |  |  |
| Leadership |  |  |  |  |
| Integrity |  |  |  |  |
| Self-Direction |  |  |  |  |
| Team Player |  |  |  |  |

1. Do you know of any reason this individual would not be able to complete the course of study?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Truett McConnell University**

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**Cleveland, Georgia 30528**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please return to:

**Reference Signature Date**

**BSN Program Reference**

**This section to be completed by applicant:**

Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last First Middle Maiden

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Agency Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

1. How many years have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what relationship/capacity? \_\_ Supervisor \_\_ Educator \_\_ Work Associate \_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Rank the applicant in the following areas:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Above Average | Average | Below Average | Not Applicable |
| Academic Ability |  |  |  |  |
| Collaborative Ability |  |  |  |  |
| Intellectual Ability |  |  |  |  |
| Verbal Communication |  |  |  |  |
| Written Communication |  |  |  |  |
| Leadership |  |  |  |  |
| Integrity |  |  |  |  |
| Self-Direction |  |  |  |  |
| Team Player |  |  |  |  |

1. Do you know of any reason this individual would not be able to complete the course of study?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to discuss the applicant with us further please include your phone number with a date and time to contact you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Rielin & Salmen School of Nursing**

**100 Alumni Drive**

**Cleveland, Georgia 30528**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please return to:

**Reference Signature Date**

**BSN Program Reference**

**This section to be completed by applicant:**

Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last First Middle Maiden

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Agency Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

1. How many years have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what relationship/capacity? \_\_ Supervisor \_\_ Educator \_\_ Work Associate \_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Rank the applicant in the following areas:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Above Average | Average | Below Average | Not Applicable |
| Academic Ability |  |  |  |  |
| Collaborative Ability |  |  |  |  |
| Intellectual Ability |  |  |  |  |
| Verbal Communication |  |  |  |  |
| Written Communication |  |  |  |  |
| Leadership |  |  |  |  |
| Integrity |  |  |  |  |
| Self-Direction |  |  |  |  |
| Team Player |  |  |  |  |

1. Do you know of any reason this individual would not be able to complete the course of study?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you: \_\_\_ Highly Recommend \_\_\_Recommend \_\_\_Recommend with Reservations \_\_\_Not Recommend this individual for this course of study? Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to discuss the applicant with us further please include your phone number with a date and time to contact you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Truett McConnell University**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please return to: **Reference Signature Date**