



BACHELOR OF SCIENCE IN NURSING (COLLABORATIVE) PROGRAM

Re-admission Reference Form

INSTRUCTIONS: (1) Applicants: fill in your full name, date of birth, site for re-admission and Memorial student number (if known). ONE reference from an ACADEMIC source is required, preferably from a Nursing Faculty Member. (2) Save the form and send the saved file to your referee. (3) Referees: complete the entire form and save the file; (4) Attach the saved file in an email to the Associate Dean/Director of the School identified by the applicant.

To save the form, do so by clicking on → File Save as...on the menu bar; ensure that you are saving the file in PDF format; and specify where you would like to save the file, e.g. Desktop.

Adobe Reader, minimum version 8, is required to complete this form. Download Adobe Reader at: <http://get.adobe.com/reader/>

PLEASE NOTE: This form is NOT always MAC compatible and therefore may require the use of another operating system.

Deadline dates for submitting references: Fall semester - March 1; Winter semester - October 1.

*Notes a required field

Do not type beyond the allotted space. This form is confidential when complete and submitted.

Section 1: Applicant Information						
(ONE reference from an ACADEMIC source is required), preferably from a Nursing Faculty Member						
MUN No.	*Last Name:	*First Name:	Middle Name:			
*Date of Birth (YYYY/MON/DD):		*Site for Re-admission:				
Section 2: Referee Information						
*Last Name:		*First Name:	Title/Position:			
Institution Address:						
*Email address:			*Telephone no.:			
Section 3: Referee Report						
*How long have you known the applicant?						
*In what capacity?						
Please indicate your assessment of the applicant by marking an "X" in the appropriate spaces below.						
Criteria	Excellent	Very Good	Good	Fair	Poor	Unable to Assess
Initiative						
Verbal communication skills						
Written communication skills						
Ability to work independently						
Ability to handle responsibility						
Problem-solving ability						
Leadership qualities						
Self-confidence						

Section 4: Letter of Reference

Please use the space below to add any information you think will be helpful in our assessment of this individual's application for readmission to the Bachelor of Science in Nursing (Collaborative) Program.

***How would you recommend the applicant for Readmission to the Bachelor of Science in Nursing (Collaborative) Program?**

Highly Recommend; Recommend; Recommend With Reservation; Do Not Recommend

Section 5: Declaration, Signature and Submission of Form

I certify that the information contained in this form is complete and correct to the best of my knowledge

*I have read and agree with the above declaration (please indicate by writing **YES** in the field below):

*Last Name:

*First Name:

Title:

*Date:

MUNFON

Dr. Sandra MacDonald
Associate Dean, Undergraduate Programs
Faculty of Nursing, Memorial University
300 Prince Phillip Drive, HSC
St. John's, NL A1B 3V6
smacdon@mun.ca

CNS

Anne Marie Tracey
Associate Director
Centre for Nursing Studies
Southcott Hall, 100 Forest
Road St. John's, NL A1A 1E5
anne.marie.tracey@mun.ca

WRSON

Jennifer Lamswood
Associate Director
Western Regional School of Nursing
P.O. Box 2005
Corner Brook, NL A2H 6J7
jlamswood@grenfell.mun.ca