The University of South Carolina Aiken  
School of Nursing – **BSN Program – Generic Track**

**REFERENCE FORM**

**Two Required. Both MUST be College Level Academic.**

A professor or instructor who taught you in a traditional classroom or an online course

**TO BE COMPLETED BY STUDENT:**

Name of Applicant: ________________________________________________

This reference may be used again for the following semester only. After that you must obtain a new reference.

**NOTE TO APPLICANT: Please Read Carefully**

*By law, you have the right to access this document. Please indicate whether or not you desire to waive this right. If you do not waive your right to access this document, this will in no way affect your acceptance status. Read the statement below. If you desire to waive your future access to this document, sign below. If you desire not to waive your right to access this document, do not sign below.*

“I, __________________________________________, waive my right to read this reference form.”

(print name)

_______________________________________  
Applicant Signature and Date

**TO BE COMPLETED BY REFERENCE:**

Phone #: ____________________ Email:____________________________

Name and Position of Reference: _____________________________________________________________________________

Name of university or college: _______________________________________________________________________________

In what course/s did you have the applicant? ____________________________________________________________________

Please rate the applicant on the following traits:

<table>
<thead>
<tr>
<th>TRAIT</th>
<th>N/A (NOT OBSERVED)</th>
<th>BELOW AVERAGE</th>
<th>AVERAGE</th>
<th>ABOVE AVERAGE</th>
<th>EXCELLENT</th>
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</thead>
<tbody>
<tr>
<td>1. Academic Ability</td>
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<td>2. Eagerness to Work</td>
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<td>3. Maturity</td>
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<td>4. Skills in Writing</td>
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<td>5. Verbal Skills</td>
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<td>6. Skills in Groups</td>
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<td>7. Self Motivation</td>
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<td>8. Acceptance of constructive criticism</td>
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Do you have any reason to doubt this applicant’s integrity?  □ Yes  □ No

Comment: __________________________________________________________________________________________________

You may attach a letter to this form

Signature of Reference: ____________________________________________  Date: ______________________________

Please return directly to: Chairperson B.S.N. Generic Admissions Committee USCA Campus mail: Box 25  
School of Nursing USCA  
471 University Parkway  
Aiken, SC 29801

This form may be faxed to: 803-641-3725

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