



RANGER COLLEGE NURSING PROGRAM

300 Early Blvd, Suite 105

Early, Texas 76802

Phone: 325-203-5013

rangercollege.edu/academics/allied-health

APPLICANT REFERENCE FORM FOR NURSING PROGRAM

- LVN** – Submission Deadline: May 15 for Fall Admission
- RN** – Submission Deadline: May 15th for Fall Admission
- LVN to RN BRIDGE** – Submission Deadline: Oct 1st for Spring Admission

Applicant Name (Print): _____ Date: _____

- Applicant **MUST** sign all 3 pages.
- Reference Provider **MUST** submit all 3 pages.
- Reference Provider is an individual who can attest to following:
 - Academic performance and aptitude, ability to perform capably in position of responsibility, potential to achieve the objectives of this program of study and/or applicant's interest in the nursing profession.
- Reference Forms from personal friends/relatives will not be accepted as references.
- If you are currently employed, one Reference Form must be from your employer.
- Completed Reference Forms submitted with your application must be sealed by the Reference Provider with their signature across the seal.
- We suggest providing a stamped and addressed envelope to each Reference Provider.

Mail to:

Ranger College Brown County
Nursing Program
300 Early Blvd, Suite 105
Early, Texas 76802

Privacy Notice: The Family Education Rights and Privacy Act (FERPA) grants you the right to read this evaluation after you are enrolled as a student unless you waive that right below. We do not provide access to admission records to applicants who are denied admission, or to students who decline an offer of admission.

- Yes**, I do waive my right to read this evaluation.
- No**, I do not waive my right to read this evaluation.

Applicant Signature: _____ Date: _____



Ranger College Nursing Program Reference Provider Section

The person named herein is applying for admission to the Ranger College Nursing Program and has requested that you complete the following form as part of the application process. Please complete the form to assist us in evaluating this applicant. If you need additional space to answer any of the items below, please attach a separate sheet of paper. Thank you for your time and assistance.

***Please print all information below:**

Reference Provider Name: _____

Address: _____

Position: _____ How long have you known the applicant? _____

Relationship to Applicant: _____

How well do you know the applicant?

(Please check one) By name/sight Casually Fairly well Very well

What do you consider to be the applicant's strengths for a nursing program?

What do you consider to be the applicant's challenges or areas for continued growth?

Please rate the applicant on each category provided below.

Category	Excellent	Good	Average	Poor	Unable to Rate
Dependability					
Punctuality					
Truthfulness and Integrity					
Quality of Work					
Ability to learn new tasks/skills					
Initiative/motivation					
Flexibility and adaptation to change					
Ability to adhere to professional boundaries					
Maturity					
Displays traits of civility with others					
Communication skills (verbal and written)					
Handles stress/anger appropriately					

Emotional stability					
Accepts responsibility for actions/behaviors					
Caring attitude					
Leadership potential					
Effectiveness in speaking					
Effectiveness in writing					

Your recommendation of this applicant to Ranger College Nursing Program:

- Highly recommend (please comment):
- Recommend
- Recommend with reservations
- Do not recommend (please comment):

What do we need to know that would allow our staff (faculty, campus counselors, health center staff, and other student support services staff) to be helpful to this applicant?

Personal Comments:

Reference Provider Signature: _____ Date: _____

Reference Form (3 pages) must be returned to:

Ranger College Brown County Nursing Program
 300 Early Blvd, Suite I05
 Early, Texas 76802

- **LVN Program Deadline: May 15th for Fall Admission**
- **RN Program Deadline: May 15th for Fall Admission**
- **LVN to RN Bridge Program Deadline: Oct 1st for Spring Admission**

Applicant Signature: _____ Date: _____