

EAST TENNESSEE STATE UNIVERSITY
 COLLEGE OF NURSING
 UNDERGRADUATE PROGRAMS
 HONORS-IN-DISCIPLINE PROGRAM
College of Nursing Faculty Reference Form

Name

Date

Student Identification Number

The above student had applied for admission to the College of Nursing Honors-in-Discipline program. This student has indicated that you have agreed to complete this reference form to support his or her application. Thank you for taking time to assist this student with his or her application.

	Exceptional	Above Average	Average	Below Average	No Opportunity to Observe
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion, how will this student succeed in the HID program? (Check One) Please explain.

Highly Successful Moderately Successful Successful Not Successful

In what ways might this student need assistance to succeed in the HID program? (Check one)

Highly Successful Moderately Successful Successful Not Successful

Faculty Name

Faculty Phone

Please complete the form and return either electronically or print the form and return to: Dr. Kim Sell
 room 2-211, sell@etsu.edu