**ISURF-Nursing Reference Form***Send completed form to Nursing.INBRE@hitchcock.org*

Applicant Name:

Faculty Name:

Position:

Department:

Institution:

Email

How long have you known the applicant?

How do you know the applicant?

Please list any courses you teach that the applicant has taken and your impression of the student’s capabilities in that setting:

The INBRE program seeks students who can function very independently, with a high level of accountability and excellent organizational and communication skills. Do you feel that this applicant would succeed in an environment with these expectations?

How does the applicant rank relative to other students you have taught or interacted with? Put “XX” next to your answer below.

* 1. Top 1%
	2. Top 5%
	3. Top 15%
	4. Top 30%
	5. Average
	6. Below average

Please include any additional comments you wish to make in support of this student's application.