



1200 E. Michigan Ave
 Suite 235
 Lansing, MI 48912
 Phone: 517.364.5858
 Fax: 517.364.5818
 Attn: Human Resources

NURSE RESIDENCY PROGRAM REFERENCE REQUEST FORM

The form is to be completed by a clinical instructor. Please have your instructor mail or fax directly to the contact information provided above.

Student _____

School _____

Instructor _____

Class _____

The above applicant has applied for a nursing position at our facility. Please complete this form concerning his/her's scholastic record.

	Excellent	Good	Average	Unsatisfactory
Clinical Skills				
Judgement				
Scholastic Ability				
Interpersonal Relationships				
Attitude				
Leadership Ability				
Attendance & Punctuality				

Any information that you can give us as to behavior, characteristics, grades, strengths and weaknesses, etc., will be appreciated and kept in confidence.

Please circle one to complete this sentence:

This student would be an	<i>average</i>	<i>above average</i>	<i>excellent</i>	nurse.
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Completed by _____

Title _____

Date _____

Email Address _____

Sparrow Health System is proud to be an equal opportunity employer, valuing diversity in our workplace.