

# GGC Nursing Program Reference Form

**STUDENT SECTION: BEFORE COMPLETING--SAVE file to computer before filling out form.**

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**GGC ID#** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**GGC Email** \_\_\_\_\_

\*\*Save file then email to the professor and professional reference to fill out the reference section. Do **not** sign form.

**REFERENCE SECTION: BEFORE COMPLETING--SAVE file to computer before filling out form.**

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Work Address** \_\_\_\_\_

**Email** \_\_\_\_\_

Length of time you have known the applicant:	_____	In what capacity have you known/interacted with applicant	_____
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Please provide the scoring that best describes the extent to which the applicant demonstrated these characteristics during your interactions:

Dedication

Effective Communication

Enthusiasm for learning

Flexibility and adaptability

Honesty and integrity

Initiative

Listening skills

Maintenance of self-control

Openness to feedback

Orientation to detail

Positive attitude

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Professionalism  
Reliability and timeliness  
Respect for others  
Responsibility and accountability  
Willingness to seek assistance  
Time management

Please provide any comments regarding the applicant:

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IMPORTANT—For academic professors, this form needs to be sent via the college/university email account. For professional references, it is preferred for the form to be sent from a work email account.

Please save this form and email to [nursingadmissions@ggc.edu](mailto:nursingadmissions@ggc.edu).