

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

SCHOOL OF NURSING

**Accelerated Nursing Option
Reference Materials**

Note to applicants: Your application packet must include two separate copies of this form that have been completed by two persons in an educational, administrative, or collegial capacity who have worked with you closely in the past five years. Please be sure that the references you provided on your application are the same that submit materials. Reference providers should return the completed forms to you so that you may include them in your application packet. Each reference form should be in a sealed envelope with the provider's signature across the back.

The applicant must read, complete, and sign the following statement before submitting this form to the reference provider. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974 – FERPA)

{ } I waive my right of access to this letter of recommendation (applicant will not be able to view recommendation materials).

{ } I **do not** waive my right of access to this letter of recommendation.

Signature of Applicant

Date

Applicant Information

Full Name: _____

Address: _____

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Reference/Recommendation Provider's Instructions

Applicant for whom you are providing a reference and/or recommendation:

Your thoughtfulness and care in furnishing information for the above mentioned applicant is greatly appreciated! This statement will be reviewed carefully when evaluating the applicant for admission consideration. Please consider the following information while providing your feedback:

- Explain how long you have known the applicant and in what capacity
- Provide a candid assessment in each of the following areas:
 - Interpersonal Relationships (with superiors, peers, patients or clients)
 - Intellectual Abilities (conceptualization, utilization, transfer of knowledge, problem-solving)
 - Leadership Qualities (awareness of self, ability to initiate change, leadership style)
 - Personal characteristics which may promote or inhibit nursing study (motivation, flexibility, sensitivity, perseverance, desire to obtain degree)

In addition to any written statement(s) that you would like to make about the applicant, please rate the applicant in relation to others you have known in his/her position:

	Superior	Above Average	Average	Below Average	No Basis for Judgement
Interpersonal Relationships					
Intellectual Abilities					
Leadership Qualities					
Personal Potential for Nursing Study					

Additional Comments:

Signature: _____

Position: _____

Printed Name: _____

Phone #: _____

Thank you for completing this form. Please place it in a sealed envelope and return to the applicant.