## SOUTHERN ILLINOIS UNIVERSITY AT EDWARDSVILLE SCHOOL OF NURSING DOCTOR OF NURSING PRACTICE PROGRAM REFERENCE FORM

Directions: Student completes Section I and provides individual providing reference with a stamped envelope addressed to either the student or Graduate Admissions, Campus Box 1047, Edwardsville IL 62026-1047. Nurse Anesthesia DNP Family Nurse Practitioner DNP **SPECIALIZATION:** Post-Masters DNP Section 1 (to be completed by applicant): The following information must correspond exactly to the information submitted on your application. Indicate your decision regarding a waiver of the right to access to this reference before giving it to the person who will be submitting the recommendation. Student Name\_ Last (family name) First Middle Other last names Semester/Year of Desired Entry: \_\_\_\_/\_\_\_/ The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their records. Students, however, are entitled to waive their rights of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation. I waive my rights to inspect the content I do not waive my rights to inspect the content of this recommendation. of this recommendation. Signature Date Signature Date Printed Name and Credentials of Person Providing Reference: \_\_\_ SECTIONS 2, 3 & 4 TO BE COMPLETED BY PERSON PROVIDING REFERENCE: **SECTION 2** The SIUE School of Nursing will value your comments on the suitability of this applicant to do graduate work and will hold your comments in confidence if the applicant has signed the above waiver. How long and in what capacities have you known the applicant?\_\_\_ Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education. Superior Good Average Poor Unknown Intellectual ability Ability to analyze a problem and formulate a solution Competence in nursing practice Self-reliance Leadership Creativity/innovation Motivation Self-discipline Cooperativeness Oral communication Written communication skills Initiative

Reliability

Your overall assessment of the applicant as to his/her ability to con  Highly recommend without reservation	Recommend with reservation
Recommend without reservation	OVER  Do not recommend
SECTION 4	
RECOMMENDATION:	
We are very interested in obtaining an accurate profile of the applichecklist items may not provide you the opportunity to characteriz Please address the applicant's potential for success (including lead the profession. Attach additional sheet(s) if necessary	te the applicant fully. Please make any additional comments belo
Name and Credentials (please print)	Date
Your position/Title:	
Signature	

PLEASE COMPLETE THIS FORM, SIGN IT, PUT IT IN AN ENVELOPE (PREFERABLY LETTERHEAD) AND SIGN ACROSS THE SEALED FLAP AND RETURN TO THE APPLICANT TO BE INCLUDED IN THE APPLICATION PACKET.

Institution and Address\_\_\_\_\_