

**SOUTHERN ILLINOIS UNIVERSITY AT EDWARDSVILLE
SCHOOL OF NURSING
POST-MASTER'S DOCTOR OF NURSING PRACTICE PROGRAM
REFERENCE FORM**

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
of this recommendation.

I do not waive my rights to inspect the content
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					

SECTION 3

Your overall assessment of the applicant as to his/her ability to complete an advanced academic degree:

_____ Highly recommend without reservation
 _____ Recommend without reservation

_____ Recommend with reservation
 _____ Do not recommend

OVER



SECTION 4

RECOMMENDATION:

We are very interested in obtaining an accurate profile of the applicant's capability for graduate study; however, we realize that checklist items may not provide you the opportunity to characterize the applicant fully. Please make any additional comments below. Please address the applicant's potential for success (including leadership, initiative, and competence in practice) and commitment to the profession. Attach additional sheet(s) if necessary

Name and Credentials (please print) _____ Date _____

Your position/Title: _____

Signature _____ Telephone () _____

Institution and Address _____

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.