SOUTHERN ILLINOIS UNIVERSITY AT EDWARDSVILLE SCHOOL OF NURSING GRADUATE PROGRAM IN NURSING REFERENCE FORM

Directions: Student con	pletes Section I and pro	vides individual pro	oviding reference with	a stamped envelope addressed to	
either the student or Gra	aduate Admissions, Cam	pus Box 1047, Edw	ardsville IL 62026-104	<u>7.</u>	
SPECIALIZATION:	Nurse Educator		Post-Masters Nurse Educator tionPost-Masters Health Care & Nursing Administration		
Health Care & Nursing Administr		g Administration			
	n must correspond exactly			cation. Indicate your decision be submitting the recommendation.	
Student Name	mily name)	First	Middle	Other last names	
	d Entry:/_		Wildule	Other last hames	
 however, are entitled to waive their rights of access concerning recommission 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 Cred	entials of Person Providi	ng Reference:			
SECTIONS 2, 3 & 4 TO SECTION 2 The SIUE School of Nurs	BE COMPLETED BY I	PERSON PROVID	ING REFERENCE:	seven work and will hold your	
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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 with reservation
 Recommend without reservation	 Do not recommend

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 professional development, job performance, and motivation for the nurse specialty role.

Name and Credentials (please print)	Date	
Your position/Title:		
Institution and Address		
Signature	Telephone ()	

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.

Updated 3-18-15 pk