SOUTHERN ILLINOIS UNIVERSITY AT EDWARDSVILLE SCHOOL OF NURSING GRADUATE PROGRAM IN NURSING 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. **SPECIALIZATION:** Nurse Anesthesia **Post-Masters Nurse Anesthesia** Family Nurse Practitioner **Post-Masters Family Nurse Practitioner Nurse Educator** Post-Masters Nurse Educator **Health Care & Nursing Administration** Post-Masters Health Care & Nursing Administration 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. Social Security Number (leave blank if you do not have a U.S. Social Security #) ___ _ _ - __ _ _ _ _ _ _ **Student Name** Middle Last (family name) First 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 Signature Date 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

Highly recommend without reservation Recommend without reservation	Recommend with 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.

SECTION 3