



Three separate references are to be submitted by current or former employers or individuals professionally acquainted with you and familiar with your academic competencies and goals (not relatives, friends, family physician or clergy). References from Masters or Doctorally prepared nurses are preferred.

**Applicant Name** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

**Please sign and date ONE of the following statements:**

1. The contents of this statement are to remain **CONFIDENTIAL**. I waive my rights to see this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

2. The contents of this statement are **NOT CONFIDENTIAL**. I **do not** waive my rights to see this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**In comparison with other candidates for graduate school that you have known, please rate the applicant on the abilities that you feel you can judge:**

	Truly exceptional Top 5%	Outstanding Top 10%	Very Good	Average	Below Average	Not observed or unable to judge
Academic ability						
Decision making						
Problem solving						
Clinical competence						
Communication skills						
Writing ability						
Interpersonal skills						
Integrity/honesty						
Organization						
Perseverance						
Initiative						
Flexibility						
Motivation						
Ability to work under stress						
Judgment						
Professional behaviors						
Emotional stability						
Acceptance of feedback regarding performance						
Creativity						
Leadership ability						

**Additional Information:** Please use an additional page to provide narrative with examples that support any "truly exceptional" or "below average" ratings given above.

**Relationship to Applicant:**

**Please check one:**  Advisor  Faculty  Preceptor  Supervisor  Professional colleague  
 Other Please Explain: \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

**Do you:**  Highly Recommend  Recommend  Recommend w/some Reservation  Not Recommend

**Signature of Respondent** \_\_\_\_\_

**Position or Title** \_\_\_\_\_

**Name of Respondent** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

**Mailing Address** \_\_\_\_\_  
(Street)

**City** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**May we contact you if we have additional questions?**  Yes  No

We understand that it took considerable time and effort on your part to complete this recommendation. We want to assure you that your generous assistance in giving this appraisal is very helpful to us and greatly appreciated. Thank you!