

# Minnesota State Colleges and Universities Consortium Doctor of Nursing Practice Program

I hereby waive my right of access to this recommendation and understand that I will not be able see it under any circumstances.

Applicant's signature \_\_\_\_\_

## REFERENCE FORM

I do NOT waive my right of access to this recommendation.

Applicant's signature \_\_\_\_\_

# Concerning Application for Admission

1. Name of Applicant \_\_\_\_\_

Last

First

Middle

2. Name of Person Providing Reference \_\_\_\_\_

Last

First

Middle

NOTE TO PERSON PROVIDING REFERENCE: The person whose name appears above has applied for admission to the Minnesota State Colleges and Universities Consortium Doctor of Nursing Practice program. The Admissions Committee would appreciate your assessment of the applicant according to the questions asked on this form. If you are unable to assess the applicant in more than half of the categories listed in the table below, please contact the applicant so that she/he can ask for a recommendation from someone who is able to assess her/him in the majority of the categories listed. Please fill in both sides of this form and **return it to the applicant in a sealed envelope with your signature across the envelope seal. The applicant will then return the reference in the sealed envelope with all other application materials.**

3. During what dates did you know this person and in what capacity? \_\_\_\_\_

4. From among the college/professional nurse population with whom you are acquainted, how would you rate this applicant?

	Superior Top 15%	Very Good Top 33%	Satisfactory Top 50%	Unsatisfactory	Unable to Judge
Academic Ability					
Clinical Nursing Competence					
Integrity					
Diligence					
Perseverance					
Verbal Expression					
Ability to work with others					
Writing Ability					
Flexibility					
Ability to work under stress					
Leadership					
Emotional Stability					
Creativity					
Teaching Ability					
Overall Potential					

5. What do you consider to be the applicant's outstanding talents or strengths? (Please give specific examples.)

---

---

---

6. What do you consider to be the applicant's major areas for improvements? \_\_\_\_\_

---

---

7. Please describe situations or incidents which illustrate the applicant's integrity, maturity, initiative, motivation, or other qualities related to academic, administrative or leadership ability (i.e., administrative, teaching, research, or professional association activities).

---

---

---

---

8. Do you know any special circumstances in the applicant's social, academic, or professional background or emotional makeup that should be considered in evaluating the information normally used in making doctoral level admission decisions?

---

---

---

---

9. Do you recommend the applicant for doctoral study?  Highly Recommend  Recommend  Do Not Recommend

10. General Comments \_\_\_\_\_

---

---

---

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

**Please enclose the reference in an envelope, seal it, and sign across the seal. Return it to the application who will submit your sealed reference with all other application materials.**

**We are aware that we are asking for considerable time and effort on your part in completing this form. Therefore, we want to assure you that your generous assistance in giving this appraisal is very helpful to us and greatly appreciated.**