

Graduate Courses Completed

Title	School	Date	Grade	Credit Hours

References: Please list the names and addresses of three (3) health care professionals who know you through education or work related situations to whom you have distributed the reference forms provided in the application packet. At least one should be your immediate supervisor.

#1. Name _____ Address _____
 Title _____
 Phone # _____

#2. Name _____ Address _____
 Title _____
 Phone # _____

#3. Name _____ Address _____
 Title _____
 Phone # _____

Professional Experience (list all professional employment, start with the most recent).

Institution	Address	Position Held	Dates of Employment

Membership in professional organizations and honorary societies and offices held:

Professional recognition and creative activity (List scholarships, honors, or recognition received. Also list publications, research, etc.)

I CERTIFY THAT ALL INFORMATION INCLUDED IS ACCURATE AND CORRECT.

Signature

Date

What are your professional goals? How will your Master's degree enhance your achievement of these goals?

Name

Date

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

SPECIALIZATION: Nurse Anesthesia _____ Nurse Practitioner _____ Nurse Educator _____
Health Care and Nursing Administration _____ Post-Masters _____ Clinical Nurse Leader _____

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 _____
Last (family name) First Middle Other last names

Semester/Year of Desired Entry: _____ 200

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

Name (please print) _____

Date _____

Signature _____

Telephone () _____

Institution and Address _____

Your position _____

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 9/14/05

nb

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School of Nursing Application Checklist

Please Return With Your Application Packet to the School of Nursing

- Completed School of Nursing Application
- Narrative Statement (on last page of Application)
- Copy of Documents
 - CPR Card(s) with A E D
 - ACLS (Anesthesia Applicants Only)
 - PALS (Anesthesia Applicants Only)
 - Illinois Nursing License Information
 - Missouri Nursing License Information
 - References from 3 people (at least one from your immediate supervisor). The person providing the reference is asked to complete the reference form, sign it and put it in an envelope (preferably letterhead), sign across the sealed flap, and return it to the student to be sent in the application packet.

Please Send to Graduate Admissions:

- SIUE Classified Application and Fee
- Unclassified application, only if planning to take any courses prior to admission to specialization (No additional fee is required if classified application is concurrent)
- Transcripts requested from **all schools** where credit was granted

Date: _____ Signature: _____

ADDRESSES:

SIUE School of Nursing
Graduate Program
Campus Box 1066
Edwardsville, IL 62026-1066
www.siu.edu/NURSING

Office of Graduate Admissions
Southern Illinois University Edwardsville
Campus Box 1047
Edwardsville, IL 62026-1047
www.siu.edu/GRADUATE