

**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

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.

Student Name			
Last (family name)	First	Middle	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 of this recommendation.

I do not waive my rights to inspect the content of this recommendation.

Signature

Date \_\_\_\_\_

Signature

Date \_\_\_\_\_

\*\*\*\*\*

**SECTIONS 2, 3 & 4 TO BE COMPLETED BY PERSON PROVIDING REFERENCE:**

## SECTION 2

**Printed Name and Credentials of Person Providing Reference:** \_\_\_\_\_

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

**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.**