



School of Nursing Reference Form

Please return form to:
graduatenursing@msu.edu

Graduate Nursing Programs, 7700 France Avenue, Edina, MN 55435 | Office: 952-818-8884

Name of Applicant _____ Date _____

- BSN to DNP/Family Nurse Practitioner APRN to DNP (post-masters)

Please indicate your association or contacts with the applicant which serves as a basis for your impressions of the applicant as a prospective graduate school candidate.

- | | |
|---|--|
| <input type="checkbox"/> Have known the applicant personally for some time. | <input type="checkbox"/> Have had only casual, infrequent contacts with the applicant. |
| <input type="checkbox"/> Have observed the applicant's professional role | <input type="checkbox"/> Not in a position to express an opinion about the applicant. If so, please return this form without completing the other parts. |
| <input type="checkbox"/> Have had the applicant in class. | |

I have known the applicant for _____ years.

Please use a check mark (x) to indicate your judgment of the applicant regarding the following traits when compared to other students, nurses, and/or employees whose work you have guided and observed. Please use the following scale to rank the applicant's competency in the areas indicated

1= Never; 2= Rarely; 3= Often; 4= Most of the time; 5= Always; 6= Not able to judge

CLARITY OF GOALS	1	2	3	4	5	6
Does the applicant show evidence of clear-cut professional goals?						
Does the applicant show clear self-direction in the pursuit of these goals?						
INDUSTRY	1	2	3	4	5	6
Is the applicant willing to expend the effort necessary to achieve goals?						
Does the applicant appear to expend effort and energy wisely?						
ABILITY TO FACE REALITY	1	2	3	4	5	6
Does the applicant foresee and face problems realistically and objectively?						
Does the applicant approach problems in a constructive manner?						
Is the applicant able to take well-meant criticism and use it constructively?						
ABILITY TO THINK CRITICALLY	1	2	3	4	5	6
Does the applicant show insight in identifying problems?						
Does the applicant select and utilize relevant resources in problem solving?						
INTERPERSONAL RELATIONSHIPS	1	2	3	4	5	6
Does the applicant participate willingly and effectively as a group member?						
Does the applicant show leadership ability when the occasion permits?						
INIATIVE AND CREATIVITY	1	2	3	4	5	6
Does the applicant reflect originality in approaching problems?						
Does the applicant see things which need to be done?						
NURSING SKILLS	1	2	3	4	5	6
Does the applicant exhibit appropriate nursing clinical skills?						
Does the applicant display willingness to expand current knowledge?						
Does the applicant indicate ability to internalize and apply new concepts?						

COMMUNICATION SKILLS	1	2	3	4	5	6
Does the applicant speak clearly and effectively?						
Does the applicant express ideas clearly in writing?						
Does the applicant accurately and effectively interpret the ideas of others?						
PERSONAL AND INTELLETUAL INTEGRITY	1	2	3	4	5	6
Does the applicant appraise his/her own strengths and weaknesses objectively and accurately?						
Does the applicant represent himself/herself honestly?						
Does the applicant pursue goals ethically and conscientiously?						

Please describe a situation or incident that illustrates the applicant's integrity, maturity, initiative, or motivation.

What do you consider to be the applicant's major weaknesses?

Please describe any special circumstances that you believe should be considered in evaluating the application.

Please indicate, by checking the appropriate category, your judgment regarding this applicant's promise as a candidate for advanced studies:

Should be accepted *Should be encouraged* *Should be discouraged* *Should not be accepted*

Please explain any unusually high and/or unusually low ratings you gave this applicant.

Signature

Credentials

Position and/or title

Institution

Address, City, State, Zip

Phone

*NOTE: The Family Educational Rights and Privacy Act of 1974 opens many student records for the students inspection. The Law also permits the student to sign a waiver relinquishing his/her right to inspect letters of recommendations. The applicant's signature below constitutes a waiver, **no signature** means the student will have the right to read this reference.*

Signature

Date