

NAME OF PERSON WRITING REFERENCE: _____

Please Print

TO APPLICANT: Please complete A and B below. Present to chosen references with envelope addressed to:

Rita Clifford, RN, PhD, KU School of Nursing, MS 2029, 3901 Rainbow Blvd, Kansas City, KS 66160

A. NAME OF APPLICANT _____

(Please give all names by which your reference would know you)

B. Under the Family Educational Rights and Privacy Act, students of the University of Kansas School of Nursing have the right to inspect their files upon request.

APPLICANT: SIGN BELOW

1. I hereby WAIVE my right of access to this letter if admitted to the School of Nursing.

2. I DO NOT WAIVE my right of access to this letter if admitted to the School of Nursing.

TO REFERENCE WRITER:

The above applicant is a candidate for admission to the University of Kansas School of Nursing. Your cooperation in completing and promptly returning this form will assist both the applicant and the school.

PLEASE RATE THE APPLICANT USING THE CHECK LIST BELOW.

ATTACH A COVERING LETTER TO ANSWER THE QUESTIONS ON THE REVERSE SIDE AND SIGN THE FORM

EVALUATION OF STUDENT	DO NOT KNOW	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
ACADEMIC					
Intellectual ability					
Conceptual ability					
Oral expression					
Writing ability					
Problem solving ability					
PERSONAL					
Ability to work under stress					
Leadership					
Creativity					
Consistency					
Flexibility					
Ability to organize work					
Sense of responsibility					
Emotional stability					
Maturity					
Integrity					
Initiative					
Perseverance					
Goal-directed behavior					
Motivation					

REFERENCE LETTER OF SUPPORT

Using the following questions as a guideline, please write a brief letter supporting this individual's application. Attach your letter to this cover sheet.

In what capacity have you known the applicant?

How long have you known the applicant?

Describe applicant's ability to work independently.

Describe applicant's ability to interact with others to accomplish a job.

Describe qualities of the applicant which would contribute to his/her success in nursing.

What experiences has the applicant had which might have influenced his/her development favorably or unfavorably?

OVERALL RATING OF THIS CANDIDATE'S SUITABILITY FOR NURSING:

Highly recommend _____

Recommend _____

Do not recommend _____

Signature _____ Position _____

Institution or organization _____

Address: _____ Phone: _____
