

REFERENCE FORM
UNIVERSITY OF TEXAS SCHOOL OF NURSING
AT GALVESTON

SECTION 1 (to be completed by applicant)

After completing Section 1, the applicant should deliver this form with a stamped, addressed envelope to the reference.

NAME _____
Last
First
Middle
Other Last

DATE OF BIRTH _____
Month
Day
Year

PRESENT ADDRESS _____
Street
City
State
Zip

PROPOSED PROGRAM (this item should be the same as item 18B on application form).

AREA OF CONCENTRATION (if appropriate): _____

DEGREE SOUGHT (circle one): M.S.N. Post-Master's Non-Degree

NAME OF REFERENCE _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their education 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 the right to inspect the contents of this recommendation.

I do not waive the right to inspect the contents of this recommendation.

Signature _____ Date _____

Signature _____ Date _____

SECTION 2 (to be completed by reference)

The School of Nursing will value your comments on the suitability of this applicant for 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 (Top 5%)	Very Good (Top 10%)	Good (Top 20%)	Average (Top 30%)	Adequate (Top 50%)	Poor (Lower 50%)	Unknown
Intellectual ability -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze a problem and Formulate a solution -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence in applicant's general field ---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/innovation -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space on the back of this form to elaborate on the above items or attach a separate written statement of the applicant's qualifications.

REFERENCE

You can see from the preceding page that we are greatly interested in obtaining an accurate profile of the applicant's capability for graduate study. We realize that check-off items sometimes do not provide you the opportunity to characterize the applicant as fully as you would like. Please provide any additional comments in the space below (or on a separate page). We would especially appreciate comments on the applicant's intellectual capability, motivation for seeking graduate education, and likely tenacity in following through with the opportunity for graduate education (e.g., perseverance, work habits, organization). In addition, we are interested in your assessment of the potential of this applicant to become a creative, competent advanced practice nurse.

Your Overall Assessment of the applicant as to his or her ability to complete an advanced academic degree:

- Highly recommended
- Recommend with reservation
- Recommended
- Do not recommend

Signature _____ Date _____

Please print name _____

Institution _____

Your position _____ Telephone number () _____

Please mail completed form directly to:
Enrollment Services
The University of Texas Medical Branch
301 University Blvd.
Galveston, TX 77555-1305