

INDIANA UNIVERSITY SOUTHEAST SCHOOL OF NURSING

MASTER OF SCIENCE OF NURSING PROGRAM

The following information must correspond exactly to the references listed on your School of Nursing application. Indicate your decision regarding a waiver of the right of access to this reference before giving it to the person who will be submitting the recommendation. ***Each recommendation must be sent directly to the Graduate Program from the person completing the form. Recommendations not sent directly from the reference will not be accepted.***

APPLICANT NAME: _____

Last First Middle/Maiden _____

Reference Name _____

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.

Characteristic	<i>Superior</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>	<i>Unknown</i>
<i>Intellectual ability</i>					
<i>Ability to analyze a problem and formulate a solution</i>					
<i>Competence in applicant's general field</i>					
<i>Self-reliance</i>					
<i>Leadership</i>					
<i>Creativity/Innovation</i>					
<i>Motivation</i>					
<i>Self-discipline</i>					
<i>Cooperativeness</i>					
<i>Oral communication skills</i>					
<i>Written communication skills</i>					
<i>Initiative</i>					
<i>Reliability</i>					
<i>Tenacity/Perseverance</i>					
<i>Work habits</i>					
<i>Organizational skills</i>					

The Family Education Rights and Privacy Act of 1974 and its amendments guarantees students access to their educational records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding the recommendation.

- I waive my rights to inspect the contents
 - I do not waive my rights to inspect
-

The 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 mark your overall assessment of the applicant as to his or her ability to complete an advanced academic degree. **An explanation must be provided if 'recommend with reservation' or 'do not recommend' is marked.***

- Recommend without reservation*
- Recommend with reservation*
- Do not recommend*

Explanation:

Signature _____ *Date* _____

Please print name _____

Institution _____

Your position _____ *Telephone (____)* _____

Please place the completed form in the addressed and stamped envelope provided by the applicant