

Western Kentucky University
 School of Nursing and Allied Health
 Reference Supporting Application for Admission to Graduate Nursing Program

Instructions: Complete the applicant section below and distribute this form to three persons who are qualified to judge your qualifications for graduate study. Once the reference has completed, the reference forms should be submitted to the School of Nursing and Allied Health (graduatenuising-mepn@wku.edu).

SECTION TO BE COMPLETED BY APPLICANT:

Name (First Middle/Maiden Last):

WKU ID:

Mailing Address (Street, City, State, Zip Code):

Name of Reference:

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however are entitled to waive their rights to 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.

Signature & Date

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

Signature & Date

SECTION TO BE COMPLETED BY REFERENCE:

The School of Nursing and Allied Health values your comments on the applicant's suitability for graduate work and will hold your comments in confidence if the applicant has signed the above waiver.

How long and in what capacity have you known the applicant?

Please rate this applicant in comparison with other persons in the same field with whom you have been acquainted.

Criteria	Superior	Very Good	Good	Average	Fair / Poor	No Occasion to Observe
Depth of Knowledge in Proposed Field of Study						
Motivation and Initiative						
Diligence and Perseverance						
Independence						
Creativity						
Dependability						
Integrity						
Emotional Stability						
Verbal Clarity						
Writing Skills						
Teaching Ability						
Research Ability						
Overall Intellectual Capability						
Ability to analyze a problem and formulate a solution						

We are interested in obtaining an accurate description of the applicant's ability and potential for graduate study. Check off items may not always allow you the opportunity to describe the applicant as full as you would like. Please provide any additional information or comments in the space below or by attaching a separate written statement.

Your overall assessment of this applicant's potential and success for an advanced academic degree:

Highly recommend

Recommend with reservation

Recommended

Do not recommend

Name:

Your position:

Institution:

Telephone number:

Signature & Date:

We appreciate your time, thoughtfulness and intentionality in completing this reference form.