

Western Kentucky University
 School of Nursing
 Reference Supporting Application for Admissions to Graduate Studies in Nursing

Instructions to Applicant: Complete the identifying information in the spaces below. Distribute the Reference Forms to three persons who are qualified to judge your qualifications for graduate study. This form may be scanned in and returned electronically to Melissa.Hamlin@wku.edu.

NAME: _____ WKU 800# or **last 4 digits** of SS# _____
Last First Middle/Maiden

ADDRESS: _____
Street City State Zip

PROGRAM OPTION: (Please Check One) Nurse Educator Nurse Administrator Psychiatric Nurse Practitioner
 Post-MSN Certificate _____

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

Signature Date Signature Date

To be completed by reference:

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

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

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

REFERENCE

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 that you wish in the space below. We appreciate the time and thoughtfulness in completing this reference form.

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

- | | |
|---|---|
| <input type="checkbox"/> Highly recommend | <input type="checkbox"/> Recommend with reservation |
| <input type="checkbox"/> Recommended | <input type="checkbox"/> Do not recommend |

Signature _____ Date _____

Please Print Name _____

Institution _____

Your position _____ Telephone number (____) _____
Area Code

This form maybe **scanned and returned electronically** to Melissa.Hamlin@wku.edu,
faxed to 270-745-4336, or **mailed** to:
School of Nursing
Attention: Graduate Nursing Program
Western Kentucky University
1906 College Heights Blvd. #11036
Bowling Green, KY 42101-1036