

# Winona State University

I hereby waive my right of access to this recommendation and understand that I will not be able see it under any circumstances.

Applicant's signature \_\_\_\_\_

Master's Program in Nursing

I do NOT waive my right of access to this recommendation.

## REFERENCE FORM

Applicant's signature \_\_\_\_\_

# Concerning Application for Admission

1. Name of Applicant \_\_\_\_\_  
Last First Middle

NOTE TO RECOMMENDER: The person whose name appears above has applied for admission to the WSU College of Nursing. The Admissions Committee would appreciate your assessment of the applicant according to the questions asked on this form. If you are unable to assess the applicant in more than half of the categories listed in the table below, please contact the applicant so that she/he can ask for a recommendation from someone who is able to assess her/him in the majority of the categories listed. Please fill in both sides of this form and **return it to the Graduate Office, Winona State University, PO Box 5838, Winona, MN 55987-5838.**

2. During what dates did you know this person and in what connection? \_\_\_\_\_

3. From among the college/professional nurse population with whom you are acquainted, how would you rate this applicant?

	Superior Top 15%	Very Good Top 33%	Satisfactory Top 50%	Unsatisfactory	Unable to Judge
Academic Ability					
Clinical Nursing Competence					
Integrity					
Diligence and Perseverance					
Oral Expression					
Ability to work with others					
Writing Ability					
Flexibility					
Ability to work under stress					
Leadership					
Emotional Stability					
Creativity					
Teaching Ability					
Overall Potential					

(continued on back)

4. What do you consider to be the applicant's outstanding talents or strengths? (Please give specific examples.)

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5. What do you consider to be the applicant's major liabilities or weaknesses? \_\_\_\_\_

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6. Please describe any situations or incidents which illustrate the applicant's integrity, maturity, initiative, motivation, or other qualities related to academic, administrative or leadership ability (i.e., administrative, teaching, research, or organizational activities).

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7. Do you know any special circumstances in the applicant's social, academic, or professional background or emotional makeup that should be considered in evaluating the information normally used in making nursing school admission decisions?

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8. How well do you think the applicant has thought out her/his plans for graduate study?

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9. Do you recommend the applicant for graduate study?  Yes  No

10. General Comments \_\_\_\_\_

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Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

We are aware that we are asking for considerable time and effort on your part in completing this form. Therefore, we want to assure you that your generous assistance in giving this appraisal is very helpful to us and greatly appreciated.