Graduate Programs In Nursing
Post-Master’s DNP Application

Winona State University
Graduate Programs in Nursing
859 30th Avenue SE
Rochester, MN 55904

1. Term and year you plan to enroll at Winona State University: □ Fall □ Spring □ Summer of the year: __________ □ Full-time □ Part-time

2. DNP Degree/Award Objective: □ Post-Masters Doctor of Nursing Practice □ Graduate Certificate
   (Please check both Graduate Certificate and Post-Masters DNP if pursuing a DNP in a field different from conferred MS Degree. If you are changing your role and/or population focus, your program will be extended.)

   *Program:
   □ Adult-Gerontology Acute Care Nurse Practitioner □ Adult-Gerontology Clinical Nurse Specialist
   □ Family Nurse Practitioner □ Nursing Leadership:
   □ Adult-Gerontology Primary Care Nurse Practitioner □ Nursing and Organizational Leadership**
   □ Nursing Leadership Innovations

   **Post-Master’s DNP candidates must have a conferred MS degree from an accredited nursing program in the focus applying to, and must provide evidence of APRN certification in chosen program area. If changing focus areas from your conferred MS in Nursing degree, a Graduate Certificate is required.

   *Post-Master’s DNP candidates must have a conferred MS degree from an accredited nursing program in the focus applying to, and must provide evidence of APRN certification in chosen program area. If changing focus areas from your conferred MS in Nursing degree, a Graduate Certificate is required.

   Conferred Master’s Degree Focus: ________________________________________________________________

3. Previous nursing education: (check all that apply) □ MS in Nursing □ MS not in Nursing □ PhD / EdD / DNP (Circle One)

4. Warrior ID Number (if previous WSU Student): _____________________ 5. E-mail Address: __________________________________

5. Name: ___________________________________________________________________________________________________
   (Last)    (First)   (Middle Initial)  (Maiden/Other)

6. Current Mailing Address: _____________________________________________________________
   (Street)       (City)
   (County)         (State)         (Zip Code)       (Country)
   Home Phone: ______________   Business Phone: ______________   During Hours: ______________

7. Permanent Mailing Address: ___________________________________________________________
   (Street)       (City)
   (County)         (State)         (Zip Code)       (Country)
   Phone: ___________________________ Other Phone: ___________________________
   Are you a resident of Minnesota: ______________   If so, how long? ______________

8. U.S. Citizen? □ Yes □ No If no, list native language: ____________ If yes, state of residence: ____________
   U.S. Veteran? □ Yes □ No

• If you are an international student, please contact the International Student Office at 507/457-5303.
• If you are a student of color, you may want to contact the Inclusion & Diversity Office at 507/457-5595.
• If you are a US veteran, you may want to contact the Veteran’s Office at 507/457-5109.
• If you have a disability, you may want to contact the Disability Services Office at 507/457-2957

Graduate Nursing Web Site: www.winona.edu/graduatenursing
Revised/Approved: 9-8-14  (continued on back)
9. High School Graduated from: ____________________________________________  
   (City)   (County)   (State)  (Country)

10. Have you ever attended Winona State University in prior years?  
    ☐ Yes  ☐ No  ☐ Undergraduate  ☐ Graduate

   Dates of attendance: ____________________________________________

   Under what name: ____________________________________________

11. Students with a GPA below 3.0 will be considered for provisional admittance. STUDENTS WHOSE FIRST LANGUAGE IS NOT ENGLISH MUST TAKE THE TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL) or the International English Language Testing System (IELTS). Information about TOEFL tests can be obtained from the TOEFL website (www.ets.org/toefl), or contact TOEFL Services: Educational Testing Service, PO Box 6151, Princeton, NJ 08541-6151. For information about IELTS, please review the IELTS website at http://www.ielts.org/. Request that the test results be sent to the Graduate Office, Somsen 210C, PO Box 5838, Winona, MN 55987.

12. Computer literacy with knowledge of word processing, spreadsheet, database, and internet.  
    ☐ Yes  ☐ No

   (Use of home computer recommended. Graduate Students are not required to participate in WSUs Laptop Program. However, if interested in leasing a laptop computer, please contact Tech Support at 1.800.342.5978 or visit www.winona.edu/IT/e-warrior.asp);

13. In the space below, list ALL colleges, universities and professional schools (include nursing) attended in chronological order. (Include any you plan to attend prior to enrollment.) One OFFICIAL transcript from EACH college, university or professional school attended is required and must be sent directly to the Office of Graduate Studies, PO Box 5838, Winona, MN 55987. Begin with the first school attended. (WSU graduates need not submit WSU transcripts.)

<table>
<thead>
<tr>
<th>Month &amp; Year Attended From</th>
<th>To</th>
<th>Name of School</th>
<th>Location City, State, Zip</th>
<th>Major</th>
<th>Diploma/Degree And Date (conferred or expected)</th>
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   (If additional space is needed, use a separate sheet.)

14. List below all courses in progress or planned prior to admission.

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<th>Term</th>
<th>Year</th>
<th>Exact Course Title</th>
<th>Course Number</th>
<th>Qtr/Sem Credit Hrs.</th>
<th>Name of School</th>
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   (If additional space is needed, use a separate sheet.)
15. If you have been employed during or after college, or have served in the armed service, list your employers or military service and type of work in chronological order, starting with current position.

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<thead>
<tr>
<th>Name of Firm/Organization</th>
<th>From</th>
<th>To</th>
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<tr>
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<td>Month:</td>
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<td>Month:</td>
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<td>Street Address</td>
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<td>Job Duties:</td>
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<td>Name &amp; Title of Immediate Supervisor</td>
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(If additional space is needed for additional positions, use separate sheet)

(continued on back)
16. B.S.N. Degree: Year received____________ CCNE, ACEN, or NLNAC Accredited Program  □ Yes  □ No

Institution____________________________________________________________________________________________

17. If applying for Adult-Gerontology Acute Care Nurse Practitioner program, please list amount and type of critical care experience (e.g., ICU, ER, ICU/CCUU, unit providing high acuity care with fast-paced decision making and complex procedures). Evidence of holding ACLS certification currently and ability to complete ECG interpretation course prior to beginning clinical year.

________________________________________________________________________________________________________

18. Masters coursework in Organizational and Systems Leadership and Nursing Information Management and Decision-Making. Master’s courses in nursing research and statistics (or equivalent) required prior to evidence-based practice.

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<tr>
<th>College</th>
<th>Year Taken</th>
<th>or</th>
<th>Plan to Take</th>
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<tr>
<td>Organizational and Systems Leadership:</td>
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<tr>
<td>Nursing Information Management and Decision Making:</td>
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19. Licensure as a Registered Nurse in the U.S.A. or Territories. When in the Graduate Nursing Programs, a Minnesota RN license is typically required. (MN RN licensure can be accessed by Administration via on-line RN License web site.) Please complete the following table providing information for state(s) in which you are licensed as a Registered Nurse:

<table>
<thead>
<tr>
<th>State</th>
<th>RN license number</th>
<th>Active license (yes or no)</th>
<th>Currently practicing in this state (yes or no)</th>
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20. Advanced Practice Nursing Certification(s):

Please complete the following table providing information regarding APN certification(s):

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<tr>
<th>Certification Credential</th>
<th>Specialty</th>
<th>Certifying Body/Organization</th>
<th>Expiration date</th>
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<th>Membership/Activities/Offices Held</th>
<th>Dates</th>
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22. Institutional Leadership Activities (within past three years)

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<th>Membership/Activities/Offices Held</th>
<th>Dates</th>
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23. Community Service Activities (within past three years)

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<th>Membership/Activities/Offices Held</th>
<th>Dates</th>
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24. Awards/Recognition (Please provide brief description) Dates

_________________________________________________________________________________  __________________
_________________________________________________________________________________  __________________
_________________________________________________________________________________  __________________

25. Professional Certification/Granting Organization. (Please indicate if required by employer.)

Required by Employer Dates

_________________________________________________________________  __________________ __________________
_________________________________________________________________  __________________ __________________
_________________________________________________________________  __________________ __________________

26. Publications/Citations (Attach available reports or reprints.)

Description Dates

_________________________________________________________________________________  __________________
_________________________________________________________________________________  __________________
_________________________________________________________________________________  __________________

27. Post-Master's DNP Program applicants submit three (3) references from persons who can comment competently on the applicant's background and suitability for nursing doctoral study. At least one professional reference from a professional who occupies the student's chosen advanced practice nursing role (e.g., nurse practitioner, clinical nurse specialist, nurse administrator/leader); one academic or professional reference, and one additional professional reference.

1. _______________________________________________________ (Professional)

2. _______________________________________________________ (Professional)

3. _______________________________________________________ (Professional or Academic)

GOAL STATEMENT FORMAT

As a component of your application review, please attach a typed goal statement summarizing your personal and professional qualities that will contribute to your success in completing the program. Please follow the guidelines below when writing your goal statement (#28) and include your name and the page number on each page of the Goal Statement:

Post-Master's DNP applicants, please limit your statement to five (5) double-spaced typed pages. Include why your clinical practice PICO question is important to you; background on why you have an interest in this topic; and the clinical practice environment that you are interested in if accepted.

28. Please attach a typed statement summarizing your personal and professional qualities that will contribute to your success in completing the program. In your statement please address the following:

A. Identify your goals for graduate study and professional development, and how the graduate program will help you reach these goals.
B. Identify and discuss professional work experiences including, leadership skills, responsibilities, evidence-based practice, clinical practice and/or research that have contributed to your professional development.
C. Describe your experiences in community service and how the experiences utilized and helped develop your professional skills and knowledge.
D. Describe your strengths that will facilitate your success in the graduate program.
E. Identify your approaches to address personal challenges you will face as you progress in the Graduate Programs in Nursing.
F. Describe your perceptions of the advanced role you have selected (i.e., Nursing Leadership, Nurse Educator, Adult-Gerontology Clinical Nurse Specialist, or Nurse Practitioner).
G. Describe your reasons for pursuing education in your selected role.
H. What is the clinical practice question that you are most interested in studying in your clinical scholarship courses.* Applicants should provide background for why this clinical question is important for clinical nurse scholars to answer and be formatted in the PICO or PICOT style. In addition, the applicant may provide ideas for the most appropriate clinical setting within which this question can be answered.

* A recommended resource book for those considering the DNP is: The Doctor of Nursing Practice: A Guidebook for Role Development and Professional Issues by Lisa Astalos Chism (2013). It offers a background for why the DNP is important for practice; differences between the DNP and Ph.D.; expectations for possible coursework in a DNP program; and hints for transitioning into one’s role with a DNP degree. It may answer questions for anyone pondering a DNP program. (Jones and Bartlett Publishers; ISBN# 978-0-4496-4560-1)
APPLICATION REQUIREMENTS
Post-Master’s DNP

The applicant seeking admission to the Graduate Programs in Nursing is required to submit the following to:

Graduate Programs in Nursing
Winona State University
859 30th Avenue SE
Rochester, MN 55904

1. A **complete and signed** “Graduate Programs in Nursing Post-Master’s DNP Application.” *(Please answer all questions; do not defer to a résumé. List “N/A” [not applicable] if a question does not pertain to you)*;
2. Submit three (3) references.
   - Applicants are responsible for sending reference forms and ensuring they are received by the Graduate Programs in Nursing by the application deadline date. Please use the forms provided with this application.
   - Please give copies of the required reference form to persons identified as references. Applicants please ask your references to complete the reference form, seal reference in an envelope, sign their name across the envelope seal, and give/send the envelope to you. Please submit the sealed reference envelope with your application.
3. A statement of goals (#28 of application);
4. One official copy of TOEFL score/International English Language Testing System (IELTS) *(if international student)*;
5. Evidence of current unencumbered license as a Registered Nurse. Minnesota licensure typically required for all clinical courses. Other state license may also be required for clinical experiences in those states according to state statute;
6. Evidence of national certification as an APRN for NP and CNS applicants;
7. Submit a résumé *(Refer to the website for résumé format instructions. www.winona.edu/graduatenursing)*;
8. An interview may be required;
9. Applications must be postmarked by the deadline dates listed below;
10. Clinical paperwork including a background check required after admission *(clinical requirement, fees assessed)*.

The applicant will also need to seek admission to the WSU Office of Graduate Studies. Please submit the following to:

Office of Graduate Studies
Winona State University
PO Box 5838
Winona, MN 55987

1. **Post-Master’s DNP Candidates**: A **complete and signed** MS/MA/DNP Application for Admission form must be sent to the Office of Graduate Studies. This application may be found at: [www.winona.edu/gradstudies/forms.asp](http://www.winona.edu/gradstudies/forms.asp)
2. If you are changing roles and/or population focus, you will also need to submit the Graduate Special Application by November 1st in addition to the MS/MA/DNP Application. This application may be found at: [www.winona.edu/gradstudies/forms.asp](http://www.winona.edu/gradstudies/forms.asp)
3. **APPLICATION FEE**: A $20, non–refundable application fee is required the first time students apply for admission to Winona State University. Make check payable to: Winona State University.
4. **OFFICIAL TRANSCRIPT**: One (1) official transcript of all undergraduate and graduate work must be sent directly from each institution(s) attended.
5. Deadline dates listed below also apply for submitting applications to the Office of Graduate Studies. It is recommended that applications to the Office of Graduate Studies be submitted early in order for transcripts to be received by the application deadline date.

APPLICATION DEADLINES

**Post-Master’s DNP Nursing Programs**: Submission of Graduate Nursing application, MS/MA/DNP application, official transcripts and other required materials must be postmarked by **November 15th** for fall semester enrollment.

**Graduate Certificate Programs**: Submission of Graduate Nursing application, Graduate Special Application, official transcripts and other required materials must be postmarked by **November 1st** for fall semester enrollment.
STUDENT SELECTION CRITERIA

Admission to the Graduate programs is competitive. The strength of the applicant's background and documentation of her/his experience as presented in the application materials will be considered in the application review process. In addition to the application, qualified applicants may be asked to participate in an interview with program faculty.

APPLICANT STATEMENT OF UNDERSTANDING

I understand that applications are not regarded as "complete" until all supporting papers have been received; therefore, it is in my interest to see that these are submitted as promptly as possible. It is my responsibility to make sure all necessary application materials are complete and on file. It is also my understanding that official transcripts sent directly from each school attended must be received as soon as possible and at the end of each successive semester for as long as my application is being considered. Official transcripts showing additional work after acceptance must also be supplied. **Official transcripts must be received in unopened/sealed envelopes.**

I have read the requirements for admission to the graduate program in the School of Nursing. I CERTIFY that the information on this form is true and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis for dismissal.

________________________________________  ______________________________________
Signature of Applicant  Date
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 complete both sides of this form, seal in an envelope, sign your name across the envelope seal, and give the reference to the applicant or mail to: Graduate Programs in Nursing, Winona State University – Rochester, 859 30th Avenue SE, Rochester, MN 55904.

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?

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<tr>
<th>Category</th>
<th>Superior Top 15%</th>
<th>Very Good Top 33%</th>
<th>Satisfactory Top 50%</th>
<th>Unsatisfactory</th>
<th>Unable to Judge</th>
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<td>Academic Ability</td>
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<td>Clinical Nursing Competence</td>
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<td>Integrity</td>
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<td>Diligence</td>
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<td>Perseverance</td>
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<td>Oral Expression</td>
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<td>Ability to work with others</td>
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<td>Writing Ability</td>
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<td>Ability to work under stress</td>
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<td>Leadership</td>
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<td>Teaching Ability</td>
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<td>Overall Potential</td>
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(continued on back)
4. What do you consider to be the applicant's outstanding talents or strengths? (Please give specific examples.)

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

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

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

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).

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

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?

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

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

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

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

10. General Comments

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

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.
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 complete both sides of this form, seal in an envelope, sign your name across the envelope seal, and give the reference to the applicant or mail to: Graduate Programs in Nursing, Winona State University – Rochester, 859 30th Avenue SE, Rochester, MN 55904.

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?

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<th>Very Good</th>
<th>Satisfactory</th>
<th>Un satisfactory</th>
<th>Unable to Judge</th>
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<tbody>
<tr>
<td></td>
<td>Top 15%</td>
<td>Top 33%</td>
<td>Top 50%</td>
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<td>Academic Ability</td>
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<td>Perseverance</td>
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<td>Oral Expression</td>
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<td>Ability to work with others</td>
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<td>Writing Ability</td>
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<td>Flexibility</td>
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<td>Ability to work under stress</td>
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<td>Leadership</td>
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<td>Emotional Stability</td>
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<td>Creativity</td>
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<td>Teaching Ability</td>
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<td>Overall Potential</td>
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(continued on back)
4. What do you consider to be the applicant's outstanding talents or strengths? (Please give specific examples.)
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

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

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).
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

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?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

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

10. General Comments
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Signature: _____________________________________
Name (please print): ___________________________
Title: _______________________________________
Facility: _____________________________________
Address: _____________________________________

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.
Winona State University
Graduate Programs in Nursing
REFERENCE FORM

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

I do NOT waive my right of access to this recommendation.
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 complete both sides of this form, seal in an envelope, sign your name across the envelope seal, and give the reference to the applicant or mail to: Graduate Programs in Nursing, Winona State University – Rochester, 859 30th Avenue SE, Rochester, MN 55904.

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?

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

(continued on back)
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10. General Comments
___________________________________________________________________________________________________________
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___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Signature: _____________________________________
Name (please print): _____________________________
Title: _________________________________________
Facility: _______________________________________
Address: ______________________________________

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Date: _________________________________________