



GRACELAND UNIVERSITY

SCHOOL OF NURSING

REFERENCE FORM FOR BA — HCM , RN-BSN, RN-MSN

Name (Last) (First) (Middle) (Maiden)

Social Security No.

Home Address (Street)

(City) (County) (State) (ZIP code)

Name of evaluator (Last) (First)

APPLICANT

- 1. Please complete the information above.
2. Read the statement below and, if you choose, sign where indicated.

Student's waiver of right to inspect and review educational records:

I, the undersigned, with full knowledge of my rights to inspect and review my educational records in accordance with State and Federal laws, especially Sect. 438 of the General Education Provisions Act, Title IV of Public Law 93-247, as amended, do hereby waive, relinquish, and disclaim all my rights to inspect and review this statement of qualifications. I authorize and extend this waiver to the evaluator, and the recipients, the Graduate Office and faculty and staff of the School of Nursing, of this statement. Further, I direct that this statement may be used for the purpose for which it is especially intended.

Applicant's Signature Date

- 3. "Reference Form" return envelopes need to be provided by you. Please type or print your name and address in the address and return sections of the envelope. We recommend you write "Reference Form" somewhere on the envelope to help you identify it. Mail this form with the self-addressed stamped envelope to the evaluator identified above.

REFERENCE SUMMARY SHEET TO BE COMPLETED BY THE EVALUATOR

How well do you know the applicant?

Very well Fairly well Minimally Unknown

How long have you known the applicant?

Identify the capacities in which you have been associated with the applicant.

Instructor Lecture Laboratory
Seminar Employer/Supervisor Academic advising
Other

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.

Table with 6 columns: Exceptional, Above Average, Average, Below Average, Not Able to Respond. Rows include Decision-making ability, Organization skills, Written communication skills, Oral communication skills, Adaptability to stress, Positive attitude.

Integrity					
Interpersonal sensitivity					
Leadership ability					
Ability to be committed to a goal					
Ability to be committed to persons					

In addition to the ratings, please give your evaluation of and your personal reaction to the applicant. You may want to indicate your perceptions of the applicant's strengths and limitations.

My recommendation is:

- Exceptional
- Above average
- Average
- Below average
- Not recommended

Name _____

Date _____

Institution _____

Position _____

Signature _____