

MURRAY STATE UNIVERSITY
SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE
REFERENCE

Baccalaureate (BSN) to DNP

Family Nurse Practitioner

Nurse Anesthetist

Post-Master's to DNP

SECTION 1 (to be completed by applicant)

The following information must correspond exactly to the references listed on your School of Nursing application. Indicate your decision regarding a waiver of the right of access to this reference before giving it to the person who will be submitting the recommendation.

APPLICANT NAME: _____
Last First Middle/Maiden

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 right of access concerning recommendations. The following signed statement is the applicant's wish regarding the recommendation.

I waive my rights to inspect the contents of this recommendation.

I do not waive my rights to inspect the contents of the recommendation

Signature _____

Signature _____

Date _____

Date _____

SECTION 2 (to be completed by reference)

The School of Nursing will value your comments on the suitability of this applicant to do graduate work and will hold your comments in confidence if the applicant has signed the above waiver.

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

Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

	Superior	Good	Average	Poor	Unknown
Intellectual ability					
Ability to analyze a problem and formulate a solution					
Competence in applicant's general field					
Self-reliance					
Leadership					
Creativity/Innovation					
Motivation					
Self-discipline					
Cooperativeness					
Oral communication skills					
Written communication skills					
Initiative					
Reliability					
Tenacity/Perseverance					
Work habits					
Organizational skills					

RECOMMENDATION

We are greatly interested in obtaining an accurate profile of the applicant's capability for graduate study. As the applicant is applying to a professional curriculum, we are also interested in your comments about the applicant's **significant professional behaviors**. You can add them in the box below or attach additional pages.

Please mark your overall assessment of the applicant as to his or her ability to complete an advanced academic degree. **An explanation must be provided if 'recommend with reservation' or 'do not recommend' is marked.**

Recommend without reservation

Recommend with reservation

Do not recommend

Comments:

Signature _____ Date _____

Name (please print) _____

Institution _____

Your position _____ Telephone _____

Please place the completed form in the addressed and stamped envelope provided by the applicant.