

**RESEARCH COLLEGE OF NURSING
MASTER OF SCIENCE IN NURSING**

REFERENCE FORM

**Name of
Candidate**

Last

First

Social Security Number

**Name of
Recommender**

Last

First

TO THE CANDIDATE SUBMITTING THE FORM: (SIGN ONE)

Confidential The contents of this statement are to remain **CONFIDENTIAL**. I waive my rights to see this recommendation.

Signed

Date

**Not
Confidential**

The contents of this statement are **NOT CONFIDENTIAL**. I do **not** waive my rights to see this recommendation.

Signed

Date

TO THE INDIVIDUAL COMPLETING THIS FORM:

We appreciate your answering the questions in a specific, detailed and candid manner, noting, in particular, incidents which illustrate the candidate's maturity, intellectual capacity and initiative.

1) Under what circumstances have you known the applicant? _____

2) What do you consider the candidate's most outstanding talents or characteristics? _____

3) What are the candidate's chief liabilities or weaknesses? _____

4) Do you feel graduate study is appropriate for the applicant at this time? Why? _____

In comparison with other candidates for graduate school that you have known, how would you rate the applicant with respect to the following qualities:

	BELOW AVERAGE BOTTOM 1/3	AVERAGE MIDDLE 1/3	GOOD Top 1/3	UNUSUALLY GOOD Top 15%	OUTSTANDING Top 7%	TRULY EXCEPTIONAL Top 2%	INADEQUATE OPPORTUNITY TO OBSERVE
INTELLECTUAL CAPACITY	[]	[]	[]	[]	[]	[]	[]
ABILITY TO WORK WITH OTHERS	[]	[]	[]	[]	[]	[]	[]
MATURITY	[]	[]	[]	[]	[]	[]	[]
MOTIVATION FOR GRADUATE STUDY	[]	[]	[]	[]	[]	[]	[]
IMAGINATION/CREATIVITY	[]	[]	[]	[]	[]	[]	[]

- I strongly recommend... **that this applicant be admitted to the Research College of Nursing Master of Science in Nursing.**
- recommend...
- recommend with some reservations...
- do not recommend...

Signature of Recommender

Date

Name of Recommender (Printed)

Position/Title

Address

City

State

Zip

(____)_____
Current Telephone Number

Please mail directly to:

**Office of Admission
Research College of Nursing
2525 East Meyer Boulevard
Kansas City, Missouri 64132-1199
(816) 995-2812**

Thank you for your assistance

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