

## VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

## **Graduate Student Reference Form**

INDIANA UNIVERSITY SOUTH BEND School of Nursing

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Name of applicant	Date
MSN Major	
Please indicate your association or contacts with the a impressions of the applicant as a prospective advance	
Have known the applicant personally	Have had only casual, infrequent
for some time.	contacts with the applicant.
Have observed the applicant's	Not in a position to express an opinion
professional role.	about the applicant. If so, please return
Have had the applicant in class.	this form to the address on the reverse
I have known the applicant since	side without completing the other parts.
Please use a check mark to indicate your judgment of when compared to other students, nurses, and/or em observed. Please use the following scale to rank the a	ployees whose work you have guided and

5= Always 3= Sometimes 1= Never

4= Most of the time 2= Rarely 0= Not able to judge

CLARITY OF GOALS	5	4	3	2	1	0
Applicant demonstrates evidence of clear-cut professional goals.						
Applicant demonstrates clear self-direction in the pursuit of these goals.						
INDUSTRY	5	4	3	2	1	0
Applicant is willing to expend the effort necessary to achieve goals.						
Applicant demonstrates the ability to expend effort and energy wisely.						
ABILITY TO FACE REALITY	5	4	3	2	1	0
Applicant is able to foresee and face problems realistically and objectively.						
Applicant is able to approach problems in a constructive manner.						
Applicant is able to take well-meant criticism and use it constructively.						
ABILITY TO THINK CRITICALLY	5	4	3	2	1	0
Applicant demonstrates the ability to show insight in identifying problems.						
Applicant is able to select and utilize relevant resources in problem solving.						
INTERPERSONAL RELATIONSHIPS	5	4	3	2	1	0
Applicant participates willingly and effectively as a group member.						
Applicant demonstrates leadership ability when the occasion permits.						
INITIATIVE AND CREATIVITY	5	4	3	2	1	0
Applicant demonstrates ability to reflect originality in approaching problems.						
Applicant is able to see things which need to be done.						

Applicant exhibits safe and effective care.						
Applicant displays willingness to expand current knowledge.						
Applicant demonstrates ability to internalize and apply new concepts.						
COMMUNICATION SKILLS	5	4	3	2	1	0
Applicant speaks clearly and effectively.						
Applicant expresses ideas clearly in writing.						
Applicant accurately and effectively interprets the ideas of others.						
PERSONAL AND INTELLECTUAL INTEGRITY	5	4	3	2	1	0
Applicant appraises his/her own strengths and weaknesses objectively and accurately.						
Applicant represents himself/herself honestly.						
Applicant pursues goals ethically and conscientiously.						
Applicant consistently demonstrates dependability and timeliness.						
as a candidate for advanced studies:  Recommend without reservations  Recommend with reservations		Do	o not i	recom	mend	
Please explain the above recommendation.						
Signature Credentials	i					
Position and/or title Institution	Institution					
Address, city, state, ZIP						
NOTE: The Family Educational Rights and Privacy Act of 1974 opens many student rinspection. The Law also permits the student to sign a waiver relinquishing his right recommendation. The applicant's signature below constitutes a waiver, no signature the right to read this reference.	to ins	pect le	etters	of		e
Signature Date						

5 4

3 2

1 0

NURSING SKILLS