

## **Graduate Student Reference Form**

INDIANA UNIVERSITY SOUTH BEND
School of Nursing

Name of applicant	Date						
MSN Major		_					
Please indicate your association or contacts with the applicant impressions of the applicant as a prospective advanced graduate			basis	for y	our		
Have known the applicant personally	Have had c	nly c	asual	, infre	equer	nt	
for some time.	contacts w	ith th	e app	olican	t.		
Have observed the applicant's	Not in a po	sitior	to e	xpres	s an o	opinio	on
professional role.	about the a	applic	ant. l	If so,	pleas	e reti	urn
Have had the applicant in class.	this form to	the	addr	ess o	n the	reve	rse
	side withou	ıt con	nplet	ing th	ne oth	ner pa	arts.
I have known the applicant for years.							
Please use a check mark to indicate your judgment of the app when compared to other students, nurses, and/or employees observed. Please use the following scale to rank the applicant:  1= Never  2= Rarely	whose work y	ou h	ave g ne are	uided	d and		5
4= Most of the time 5= Always	6=	Not a	ble t	o jud	ge		
CLARITY OF GOALS		1	2	3	4	5	6
Does the applicant show evidence of clear-cut professional goals?							
Does the applicant show clear self-direction in the pursuit of these g	goals?						
INDUSTRY		1	2	3	4	5	6
Is the applicant willing to expend the effort necessary to achieve go	als?						
Does the applicant appear to expend effort and energy wisely?			_			_	
ABILITY TO FACE REALITY	#:12	1	2	3	4	5	6
Does the applicant foresee and face problems realistically and object	tively?						
Does the applicant approach problems in a constructive manner?	+ial2						
Is the applicant able to take well-meant criticism and use it construct ABILITY TO THINK CRITICALLY	.tively!	1	2	3	4	5	6
Does the applicant show insight in identifying problems?		1	2	3	4	3	U
Does the applicant select and utilize relevant resources in problems	olving?						
INTERPERSONAL RELATIONSHIPS	,	1	2	3	4	5	6
Does the applicant participate willingly and effectively as a group me	ember?	_	_	,	_	J	U
Does the applicant show leadership ability when the occasion permi							
INITIATIVE AND CREATIVITY		1	2	3	4	5	6
Does the applicant reflect originality in approaching problems?			_	3		3	J
Does the applicant see things which need to be done?							

Does the applicant display willingness to expand current knowledge?						
Does the applicant indicate ability to internalize and apply new concepts?						
COMMUNICATION SKILLS		2	3	4	5	6
Does the applicant speak clearly and effectively?						
Does the applicant express ideas clearly in writing?						
Does the applicant accurately and effectively interpret the ideas of others?						
PERSONAL AND INTELLECTUAL INTEGRITY	1	2	3	4	5	6
Does the applicant appraise his/her own strengths and weaknesses objectively						
and accurately?						
Does the applicant represent himself/herself honestly?						
Does the applicant pursue goals ethically and conscientiously?						
Please explain any unusually high and/low unusually low ratings you gave	_		ant.	not be	e acce	pted
Signature Credential:	S					
Position and/or title Institution	Institution					
Address, city, state, ZIP						
NOTE: The Family Educational Rights and Privacy Act of 1974 opens many student inspection. The Law also permits the student to sign a waiver relinquishing his right recommendation. The applicant's signature below constitutes a waiver, no signature right to read this reference.	nt to in	spect	letter.	s of		ve
Signature Date						

NURSING SKILLS

Does the applicant exhibit appropriate nursing clinical skills?