

**UNIVERSITY OF NORTH CAROLINA AT WILMINGTON
GRADUATE SCHOOL**

**REFERENCE REPORT
FOR
MASTER OF SCIENCE IN NURSING**

APPLICANT'S NAME: _____ SID: _____
 I, _____, hereby waive ___ do not waive ___ my right to access to this report.
 (Signature of applicant)

TO THE RESPONDENT: Please evaluate the applicant by placing a check after each characteristic to be evaluated in the column that most nearly represents your opinion. Return this form and/or a letter at your earliest convenience to the address shown below. If you lack knowledge to make a definite rating, give your estimate of the applicant's ability and also check the column "NOT OBSERVED."

	Excellent	Good	Average	Below Average	Not Observed
Intellectual Ability					
Motivation/perseverance					
Ability to work with others					
Oral expression					
Leadership					
Imagination					
Initiative					
Work habits					
Originality					
Teaching potential					
Research potential					

- How long have you known the applicant? _____
- In what capacity have you known him/her? ___ as a student ___ as a colleague ___ as a person working under your supervision ___ other (please specify)

In the space below or by attachment, please add any comments concerning strengths/weaknesses of the applicant that should be considered in deciding upon admission. (For applicant's whose native language is not English, please comment on his/her ability to read, write, and speak English).

The chosen curriculum offers students an opportunity to develop and augment the theoretical basis for that of an advanced practice nurse.

A. Please answer the following questions (in space provided):

- What, in your judgment, is the applicant's capabilities and suitability for pursuing graduate education in the above program?

2. What is your evaluation of the applicant's capabilities and suitability for subsequent practice as a family nurse practitioner or nurse educator? Identify areas such as work performance and personal characteristics.

B. Please rank the applicant on the following behaviors (table below) from his/her work/educational experience, against other employees/students you have known in comparable positions/settings.

CATEGORY	EXCELLENT	GOOD	ACCEPTABLE	POOR	N/A
Interaction with clients and families					
Interaction with coworkers/cohorts					
Workload management abilities					
Leadership abilities					
Clinical competence					
Problem-solving/decision-making					
Priority setting					
Assumes responsibility					
Ability to share knowledge/assist others with growth					
Commitment to personal and professional growth					

Indicate the strength of your overall endorsement by checking the appropriate category below:

_____ Highly recommended _____ Recommended _____ Recommended with reservation _____ Not recommended

RESPONDENT'S SIGNATURE _____ DATE _____

NAME(printed) _____ TITLE _____

INSTITUTION/BUSINESS _____

ADDRESS _____

PLEASE RETURN THIS FORM TO:
UNC Wilmington
Graduate School
601 South College Road
Wilmington, NC 28403-3297