GEORGIA SOUTHERN UNIVERSITY

Graduate Nursing Program
Reference Form

DOCTOR OF NURSING PRACTICE

The person whose name appears below has applied for admission to the Graduate Nursing Program at Georgia Southern University. The Admissions Committee would appreciate your assessment of the applicant's professional abilities and personal qualities.

Please complete this form, write a letter of reference, and return them to applicant in a sealed envelope with your signature across the seal. Address the letter to the following:

DNP Admissions Committee
School of Nursing
250 Forest Drive, Room 2002
Georgia Southern University
Statesboro, GA 30460

Note that all application materials must be received by **4:30pm March 1 (every year for Fall admission.** Please return this form and letter promptly to the applicant to assure submission of all application materials by March 1.

Thank you.

1. APPLICANT INFORMATION (Completed by applicant):

Last Name First Middle

Mailing Address City State Zip

Home phone Cell phone E-mail address

I hereby voluntarily **waive** and relinquish any right of access to this confidential letter of evaluation.

Applicant Signature Date

A professional reference has been requested from

Name: _____

2. EVALUATION (Completed by Evaluator) on _____(applicant)

a. How well do you know the applicant? __Very well __Fairly well __Minimally

b. How long and in what context do you know the applicant?

c. **Please evaluate the applicant in comparison to all others you know applying to a graduate degree program or in the same field of study or clinical area with whom you have been acquainted**.

APPLICANT'S ABILITIES	Top 5%	Top 10%	Top 25%	Top 50%	Below Average	Unable to Assess
Intellectual capability						
Nursing competency						
Personal integrity						
Motivation / Initiative						
Dependability						
Emotional maturity						
Independence						
Perseverance						
Ability to work with others						
Leadership potential						
Quality of written communication						
Quality of oral communication						
Potential for success in advanced practice leadership DNP role						
Recommendation: __ Strongly recommend __ Recommend __ Recommend with reservations __ Do not recommend						

d. **In addition, please attach a one-page letter of recommendation in which you:**

- Evaluate the applicant's preparation, initiative, and aptitude for independent work following completion of the Doctor of Nursing Practice degree.
- Evaluate the applicant's maturity, motivation, self-confidence, and strength of commitment to providing leadership for nursing in an advanced practice nursing role.
- Describe strengths and weaknesses in the applicant's oral and written communication and analytical skills.

e. **Contact:**

If you have any questions, please contact the School of Nursing Graduate Program Office at 912-478-0017. Thank you for your input—we do appreciate your efforts!

3. EVALUATOR IDENTIFICATION

Name and Credentials

Title Employer

Work Address City State Zip

Phone Number

Signature Date