

UNIVERSITY OF  
WISCONSIN  
OSHKOSH

College of Nursing  
GRADUATE PROGRAM

**PROFESSIONAL REFERENCE FORM FOR GRADUATE PROGRAM**

**TOP SECTION TO BE COMPLETED BY APPLICANT**

**Complete BEFORE sending form to reference:**

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

As specified in the FAMILY RIGHTS AND PRIVACY ACT, 1974 I have:

retained the right to inspect references       waived the right to inspect references.

Reference comments will be kept confidential and will be used for the sole purpose of evaluation for admission to a graduate degree program.

**Remaining Sections to be completed by Reference**

This applicant is applying for admission to the **Master of Science in Nursing** Program at the University of Wisconsin Oshkosh and has selected you as a reference. This form needs to be returned at your earliest convenience but no later than **March 31st** as it is required before action can be taken on the application. Thank you for your assistance.

**PROFESSIONAL EVALUATION:** Place an X in the appropriate space below. In each instance, please comment on the factors you considered arriving at your rating.

	Excellent	Satisfactory	Unsatisfactory	No basis for judgment	Comments:
Competence in nursing practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1. How long have you known the applicant and in what capacity?
  
2. What are the applicant strengths?
  
3. What are the applicant's limitations?
  
4. What is the applicant's potential for graduate study?
  
5. Any additional information you think might be helpful.

Do You:

- Recommend this applicant without reservation  
 Recommend this applicant with some reservation  
 Not recommend this applicant

**VERIFICATION** *(Please print or type)*

Name: \_\_\_\_\_  
last first middle

Address: \_\_\_\_\_  
street city state zip

Position/credential: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO: College of Nursing - Graduate Program  
University of Wisconsin Oshkosh  
800 Algoma Blvd.  
Oshkosh, WI 54901-8660**

email: [congrad@uwosh.edu](mailto:congrad@uwosh.edu)