

Applicant's Name _____
 Address _____
 Phone _____
 Email _____

Program Applying For: MSN _____ MSN-MBA _____ MSN-NP _____ RN-MSN _____

**REFERENCE FOR THE GRADUATE PROGRAM IN NURSING
 THE UNIVERSITY OF TEXAS AT TYLER
 COLLEGE OF NURSING AND HEALTH SCIENCES**

_____ is requesting that you serve as a reference for his/her application for admission to The University of Texas at Tyler College of Nursing Graduate Program. All completed forms will be treated confidentially. To assist us in evaluating his/her application, please complete and return to:

The University of Texas at Tyler
 College of Nursing Graduate Program
 3900 University Blvd.
 Tyler, TX 75799

You may also fax your reference form: FAX: 903-566-1981, ATTN: Pam Taylor (pamela_taylor@uttyler.edu)

	Exceptional	Above Average	Average	Below Average	No Information
Knowledge of Field	_____	_____	_____	_____	_____
Intellectual Ability	_____	_____	_____	_____	_____
Leadership Ability	_____	_____	_____	_____	_____
Motivation to Work	_____	_____	_____	_____	_____
Ability to Work with Others	_____	_____	_____	_____	_____
Ability to Express Self Orally	_____	_____	_____	_____	_____
Writing Ability	_____	_____	_____	_____	_____
Emotional Maturity	_____	_____	_____	_____	_____
Critical Thinking Ability	_____	_____	_____	_____	_____
Likelihood of Success in	_____	_____	_____	_____	_____
Advanced Graduate Work	_____	_____	_____	_____	_____

How long have you known the applicant? Under what circumstances? _____

Please make any comments that you think would assist faculty members in evaluating the candidate's application. _____

Where would you rank the applicant on the following scale?
 _____ Not Recommend for Graduate Study _____ Unsure of Ability in Graduate Study
 _____ Recommended for Graduate Study

Signature _____ Date _____
 Name _____ Institution _____
 Address _____ City, State _____