Long Island University School of Nursing
Reference Form for Master of Science and Post Master’s Certificate Programs

Program: Nurse Educator _____ Nurse Executive _____ Nurse Practitioner _____

To the applicant:
Please give this form to your three professional references. They can be undergraduate nursing instructors and/or supervisors who are able to comment on your qualifications for graduate studies. Each recommendation should be returned to you in a sealed envelope with the recommender’s signature across the sealed flap. Include the envelope in your admission package.

Applicant: ____________________________________  Social Security Number: _________________________

Under provision of the Federal Education Rights and Privacy Act,

_____ I have retained my right to have access to this recommendation.

_____ I have waived my right to have access to this recommendation.

Applicant’s Signature ________________________________  Date ________________________________

To the recommender:
Please complete the following questionnaire and return in to the applicant with your name written across the sealed envelope flap. Your prompt response is greatly appreciated.

I. Professional Characteristics

In my opinion this applicant demonstrates:

Clinical competence
Critical thinking skills
Interpersonal skills
Organizational skills
Acceptance of new technologies
Acceptance of new methodologies
Application of evidence-based data
Professional attitude
Attendance and punctuality
Appearance and grooming

Superior  Average  Below Average  Unable to Evaluate

II. Personal Characteristics

In my opinion this applicant:

Is an independent learner
Is self motivated
Is honest and trustworthy
Has a strong work ethic
Is able to ask for assistance when needed
Assumes responsibility for own actions
Utilizes constructive criticism
Will positively represent professional nursing in an advance practice role
Has the intellectual abilities to succeed in a Master’s degree program

Strongly Agree  Agree  Disagree  Strongly Disagree
III. Please comment specifically about:
   Oral communication skills
   
   Written communication skills
   
   Computer skills

IV. Additional Comments

V. How do you know this applicant?

_________________________________________  ________________  
Print Name                                      Signature                                      Date

Position:  _________________________________
Organization:  ___________________________
Address:   ________________________________
                       ________________________________
Telephone:  ______________________________
E-mail:    ________________________________