

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 Psych Mental Health Certificate at the University of Wisconsin Oshkosh and has selected you as a reference. This form needs to be returned at your earliest convenience. 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 Director
University of Wisconsin Oshkosh
800 Algoma Blvd.
Oshkosh, WI 54901-8660
Tel: 920 424-2107**

**email: psychnp@uwosh.edu
Fax: (920) 424-0123**