

EAST TEXAS A&M UNIVERSITY
Master of Science in Nursing Program
Reference Form

Applicant Name (Printed): _____ **CWID:** _____

Waiver Statement: I do____ / do not____ waive my rights of access to any information contained on this reference form and agree that the statement shall remain confidential.

Applicant Signature

Date

To be completed by Reference:

How long have you known the applicant? _____ In what capacity? _____

Please evaluate the applicant in terms of the following characteristics by checking the appropriate boxes. Your evaluation should be based on observed performance.

	Excellent	Good	Average	Poor
Intellectual Ability				
Competence				
Initiative & Decision Making				
Judgment & Critical Thinking				
Cooperativeness & Rapport				
Oral Communication				
Writing Skills				
Creativity				
Leadership Skills				
Reliability				
Adaptability				

Please provide any additional comments you feel would be useful in evaluating this applicant's ability to complete an advanced academic degree. (You may attach additional pages.)

Your overall assessment:

_____ Highly Recommend _____ Recommend _____ Recommend with reservation _____ Do not Recommend

Signature: _____ Date: _____

Printed Name: _____ Email address: _____

Title: _____ Telephone: _____

Institution: _____ City/State: _____

Please submit the form to the Graduate School by mail or email.

East Texas A&M University
c/o The Graduate School
PO Box 3011
Commerce, TX 75429

Email: DeRene.Sutton@tamuc.edu