

THE UNIVERSITY OF KANSAS SCHOOL OF NURSING
Office of Student Affairs, Graduate Desk
3901 Rainbow Blvd.
Kansas City, KS 66160-7501

Note to applicant: Please sign the confidentiality statement on the reverse side before giving this form to the reference person.

The individual whose name appears below has applied for admission to a graduate program in the School of Nursing at the University of Kansas. We will appreciate your frank answers to the questions on this form. Please note that the applicant has signed a statement concerning the confidentiality of this document.

Name of applicant: _____

1. Please rate the applicant on the characteristics presented below. What reference group are you using in this comparison? _____

| | Below average Lowest 40% | Average Middle 20% | Somewhat average Next 15% | Good Next 10% | Outstanding Next 10% | Truly exceptional Top 5% | Inadequate opportunity to observe |
|---|---|---------------------------------|---|----------------------------|--------------------------------|--|--|
| Applicant's promise as a graduate student | | | | | | | |
| Creativity | | | | | | | |
| Intelligence | | | | | | | |
| Initiative & motivation | | | | | | | |
| Maturity | | | | | | | |
| Ability to do independent work | | | | | | | |
| Ability to meet deadlines | | | | | | | |
| Oral communication skills | | | | | | | |
| Written communication skills | | | | | | | |
| Clarity of career goals | | | | | | | |
| Ability to profit from suggestions & constructive criticism | | | | | | | |
| Clinical expertise | | | | | | | |
| Leadership potential | | | | | | | |
| Professional commitment | | | | | | | |

2. How long and under what circumstances have you known the applicant? _____

3. Are there any additional statements you wish to make concerning the applicant's capacity for graduate study leading to a graduate degree?

a) Assets

b) Liabilities

Name of individual completing this form_____

Position/Title_____

College/Organization_____

Address_____

Signature_____

Please mail this form within one week after receipt to:

**Office of Student Affairs – Graduate Desk
School of Nursing
University of Kansas
3901 Rainbow Boulevard
Kansas City, KS 66160-7501**

Thank you.

STATEMENT OF CONFIDENTIALITY

The applicant is asked to sign one of the following statements.

1. I wish to have access to this statement and understand that under Public Law 92-380 I shall have the right to read this document.

Date_____

2. I wish the statement to be confidential, and I hereby waive any and all rights of access granted me by Public Law 92-380 to this document.

Date_____