



APPLICANT REFERENCE FORM

Graduate Programs of Nurse Anesthesia • 1201 Wesleyan, Fort Worth, Texas 76105-1536

TO BE FILLED IN BY APPLICANT. **PLEASE TYPE OR PRINT**

Applicant Name _____

Individual providing reference _____

NOTE TO APPLICANT & REFERENCE ON CONFIDENTIALITY

Federal law gives student the option of waving their right to see their letters of recommendation, should they be admitted. Such a waiver follows:

I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.

I retain my right to this letter of evaluation.

Signature: _____

Signature: _____

Date: _____

Date: _____

THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY THE EVALUATOR

Please numerically indicate the value that most approximately rates this individual's performance.

4=Excellent 3=Above Average 2=Average 1=Below Average X=Insufficient knowledge to rate

I. WORK CHARACTERISTICS

- | | |
|--|-------------------------------|
| _____ A. Completion of required work | _____ G. Emotional stability |
| _____ B. Ability to function as a member of a team | _____ H. Maturity |
| _____ C. Leadership | _____ I. Personal Integrity |
| _____ D. Initiative | _____ J. Sense of humor |
| _____ E. Performance under stress | _____ K. Interpersonal Skills |
| _____ F. Flexibility | |

1. PROFESSIONAL ABILITY

- _____ A. Knowledge of area of specialization
- _____ B. Skill in work performance
- _____ C. Ability to analyze problems and solve them efficiently

IV. ATTITUDE TOWARD:

- _____ A. Patients
- _____ B. Supervision
- _____ C. Fellow Workers

III. PERSONAL CHARACTERISTICS

- _____ A. Ability to be on time
- _____ B. Attendance

1. What are this applicant's strengths?
2. What are this applicant's weaknesses?
3. How long have you known this applicant? In what capacity?
4. Overall recommendation for this applicant as student in a Doctorate of Nurse Anesthesia Practice Program?

Strongly Recommend

Recommend with reservations noted

Recommend

Do not recommend

PLEASE TYPE OR PRINT THE FOLLOWING

NAME AND TITLE _____

ORGANIZATION _____

ADDRESS _____

TELEPHONE NUMBER () _____ DATE _____

SIGNATURE _____

Thank you very much for your help. Applicant Reference Form should be returned to:

TEXAS WESLEYAN UNIVERSITY
Graduate Programs of Nurse Anesthesia
Attention: DNAP
1201 Wesleyan Street
Fort Worth, Texas 76105-1536

DO NOT RETURN THIS FORM TO THE APPLICANT