

THE UNIVERSITY OF TEXAS AT AUSTIN
School of Nursing
ADN-BSN Program
REFERENCE REQUEST

To Be Completed By The Applicant

Applicant's Name _____ UT EID _____

Address _____ City _____ ST _____ Zip _____

I am applying to the School of Nursing for FALL 20__.

Release of access to this reference: The Applicant must complete and sign one of the following statements before submitting this form to the evaluator. This request is in Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

I hereby voluntarily waive and relinquish any right of access to this confidential reference. Date _____ Signed _____	I retain my rights to access this confidential reference. Date _____ Signed _____
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TO BE COMPLETED BY THE EVALUATOR: Each applicant for entry into the Upper Division Courses in Nursing at UT Austin is required to submit three references, preferably from instructors and employers. The Admissions Committee would like to receive a frank appraisal of the applicant's character and personality since this information would be most useful in selecting applicants for the professional program. When completed, this form should be mailed directly to the STUDENT AFFAIRS OFFICE, ADN-BSN ADMISSIONS, UT AUSTIN SCHOOL OF NURSING, 1700 RED RIVER, AUSTIN, TX 78701.

Please place an X under the rating column which best describes the applicant's character and qualifications and include a short narrative in the space provided on the back of this form.

	Excellent	Above Avg	Average	Below Avg	Poor	N/A
Attitude and Personality - cooperative, confident, courteous, poise						
Reliability -- honest and dependable						
Personal Appearance - grooming and posture						
Work Habits and Industry - motivation, self-discipline, resourceful, conscientious, ability to organize, initiative						
Performance under Pressure						
Capacity for Independent Thinking - curiosity, creativity, leadership						
Communication - verbal and written clarity, coherence, confidence in conversation						
Likelihood of Career Success						

REFERENCE REQUEST
(continued)

A short narrative description and your overall impression of the candidate would be helpful to the Admissions Committee:

How long have you known the applicant? _____

In what capacity? _____

Overall recommendation: (Please check the appropriate statement.)

Highly Recommend Recommend Recommend with Reservation Do Not Recommend

TO BE COMPLETED BY PERSON PROVIDING REFERENCE (Please Print)

Name _____ Job Title (if applicable) _____

Address _____

Name of Agency

Street Address

City

State

Zip

Telephone Number

Signature _____ Date _____

Please return this form to: **Student Affairs Office**
ADN-BSN Admissions
UT Austin School of Nursing
1700 Red River
Austin, TX 78701