

**THE UNIVERSITY OF TEXAS AT AUSTIN**  
**School of Nursing**  
**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 200\_\_\_\_\_ SPRING 200\_\_\_\_\_ semester.

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, UNDERGRADUATE 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						
<b>Likelihood of Career Success</b>						

**REFERENCE REQUEST**  
**(continued)**

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

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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

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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 \_\_\_\_\_

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**Application Deadline for Fall Admission is February 15.**  
**Application Deadline for Spring Admission is September 15.**

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