

The University of Texas at Austin, School of Nursing
Request for Reference – Graduate Programs in Nursing
Deadline - December 1

To be completed by the Applicant:

1. Name of Applicant: _____ UT EID: _____

2. Graduate Program: PhD MSN MSN/MBA Post-Master’s Certificate

3. Select **One** Concentration Area (**PhD Applicants Skip**):

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Health – Administration | <input type="checkbox"/> Adult Health – Teaching | <input type="checkbox"/> Adult Health Clinical Nurse Specialist |
| <input type="checkbox"/> Child Health – Administration | <input type="checkbox"/> Child Health – Public Health | <input type="checkbox"/> Child Health – Teaching |
| <input type="checkbox"/> Maternity Nursing – Administration | <input type="checkbox"/> Maternity Nursing – Public Health | <input type="checkbox"/> Maternity Nursing – Teaching |
| <input type="checkbox"/> Nursing Administration | <input type="checkbox"/> Public Health Nursing | |
| <input type="checkbox"/> Acute Care Pediatric Nurse Practitioner | <input type="checkbox"/> Family Psychiatric Mental Health Nurse Practitioner | |
| <input type="checkbox"/> Family Nurse Practitioner | <input type="checkbox"/> Neonatal Nurse Practitioner | <input type="checkbox"/> Pediatric Nurse Practitioner |

4. Semester for which you are applying: Fall _____

Under the provision of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless s/he has waived such access.

(Optional) I hereby waive my right of access to the material recorded below:

Signature _____ Date _____

To be completed by the Respondent:

The person named above is requesting that you serve as a reference for his/her application for admission to the graduate program in Nursing at The University of Texas at Austin. To assist us in evaluating his/her application, please complete this form and return it to the applicant in a sealed envelope with your signature across the seal. All completed forms will be treated confidentially.

Please rank the applicant on the following:

	Exceptional*	Above Average	Average	Below Average*	No Information
Knowledge of field					
Capacity for independent thinking					
Intellectual ability					
Leadership ability					
Motivation to work					
Ability to work well with others					
Ability to express self orally					
Writing ability					
Emotional maturity					
Likelihood of success in graduate work					
Likelihood of career success					
Problem-solving ability					
Analytic ability					

***You will be asked to comment on any area in which you rank the applicant as “exceptional” or “below average.”**

(OVER)

Overall, I would give a Very Strong Strong Average Below Average recommendation to this candidate.

I cannot recommend this candidate.

How long have you known this applicant? _____

In what capacity have you known the applicant? _____

Briefly identify applicant's areas of strengths or limitations.

Please comment on any areas you ranked as "exceptional" or "below average" on the previous page.

Signature _____

Date _____

Please print legibly or type:

Name _____

Title _____

Institution _____

Address _____

Phone _____

Please place this reference form in a sealed envelope, sign across the seal, and then return to the applicant. The applicant must submit this form in a sealed envelope as part of an admission package mailed to:

The University of Texas at Austin
School of Nursing
Graduate Student Affairs Office
Attn: Rudy Ortiz
1700 Red River Street; D0100
Austin, Texas 78701-1499