REFERENCE STATEMENT

APPLICANT’S NAME__________________________________________

Please Print

INSTRUCTIONS TO THE APPLICANT:
To complete your application you will need three professional references. One
should be from your nursing supervisor. Please give this form to the person who
will be writing a reference for you and ask him/her to fill out the grid on the
backside of this page. One of these references must be from your immediate
supervisor. The other references may be from co-worker(s) or an instructor.

You must indicate, by signing the appropriate statement, whether you wish your
reference to remain confidential or non-confidential.

___________________________    I retain the right to read and approve the
(signature)        contents of this reference after it has been
completed.

___________________________    I hereby waive my right to read and review
(signature)        the contents of this reference and the
statements contained in the reference.
I understand that I am not obligated to
sign this waiver and that this waiver can
only be revoked in writing.

INSTRUCTIONS TO THE REFERENCE WRITER:
This applicant is requesting that you furnish this reference in support of an
application for admission to the Graduate Program in Nurse Anesthesia. The
reference was developed on the basis of characteristics which the faculty feel are
important to achieving success in the field of nurse anesthesia. This reference
may be reviewed by the applicant unless the applicant has waived his/her right to
do so, as indicated by the signature above. Your responses will be extremely
helpful in evaluating this candidate’s potential.

Please return the completed form to:

Admissions Department
Saint Mary’s University of MN
2500 Park Avenue
Minneapolis, MN  55404

Thank you very much for your assistance.
Please evaluate the following areas.

This candidate:

<table>
<thead>
<tr>
<th>ATTRIBUTES</th>
<th>POOR</th>
<th>ADEQUATE</th>
<th>GOOD</th>
<th>SUPERIOR</th>
<th>NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interacts well with peers</td>
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<td>Is able to self-direct</td>
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<td>Acts professionally</td>
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<td>Makes ethical decisions</td>
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<td>Solves problems logically</td>
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<td>Identifies learning needs</td>
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<td>Accepts criticism well</td>
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<td>Takes responsibility</td>
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<td>Is organized</td>
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<td>Functions well in a crisis</td>
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<td>Is prompt and dependable</td>
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<td>Enjoys learning</td>
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</tbody>
</table>

NAME:  

TITLE:  

INSTITUTION:  

I have known this candidate for ____ years as a ____co-worker, ____employee, ____student.

I ____would, ____would not recommend this candidate for admission into a nurse anesthesia program.

___With confidence   ___With reservation.

COMMENTS: