

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.

(signature)

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

(signature)

I hereby waive my right to read and review 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:

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

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: