**MENNONITE COLLEGE OF NURSING**

**AT**

**ILLINOIS STATE UNIVERSITY**

**Reference Form for MCN Graduate or Certificate Programs**

**This form is to be completed by person selected to serve as reference. Please upload this document as your letter of recommendation.**

*Your evaluation of the applicant’s personal qualifications is important in considering his/her interests and ability and will be handled confidentially.*

1. How long have you known the applicant?

 Click or tap here to enter text.

1. What has been your relationship with the applicant?

 Click or tap here to enter text.

1. What do you consider this person’s assets or strong characteristics?

 Click or tap here to enter text.

1. In your opinion, what personality characteristics does this person need to improve?

Click or tap here to enter text.

1. Other comments:

Please rate this applicant on each item as compared to other individuals of similar training and experience with whom you have been associated.

Written and Verbal Communication:

[ ] Excellent [ ]  Good [ ] Fair [ ]  Poor [ ] No basis for judgement Comments: Click or tap here to enter text.

Critical Thinking:

 [ ] Excellent [ ]  Good [ ] Fair [ ]  Poor [ ] No basis for judgement Comments: Click or tap here to enter text.

Integrity:

[ ] Excellent [ ]  Good [ ] Fair [ ]  Poor [ ] No basis for judgement Comments: Click or tap here to enter text.

Judgement:

[ ] Excellent [ ]  Good [ ] Fair [ ]  Poor [ ] No basis for judgement Comments: Click or tap here to enter text.

Adaptability:

[ ] Excellent [ ]  Good [ ] Fair [ ]  Poor [ ] No basis for judgement Comments: Click or tap here to enter text.

Leadership Ability:

 [ ] Excellent [ ]  Good [ ] Fair [ ]  Poor [ ] No basis for judgement Comments: Click or tap here to enter text.

Initiative:

[ ] Excellent [ ]  Good [ ] Fair [ ]  Poor [ ] No basis for judgement Comments: Click or tap here to enter text.

Teamwork:

[ ] Excellent [ ]  Good [ ] Fair [ ]  Poor [ ] No basis for judgement Comments: Click or tap here to enter text.

Research ability/potential (this question is most specifically directed for applicants to the post-master’s DNP program and the PhD program):

[ ] Excellent [ ]  Good [ ] Fair [ ]  Poor [ ] No basis for judgement Comments: Click or tap here to enter text.

Overall recommendation for this applicant:

[ ] Recommend [ ]  Hesitate to recommend [ ] Do not recommend

Comments: Click or tap here to enter text.

Please provide any additional comments you feel with help us in making an admission decision:

Click or tap here to enter text.

**Section 2: Verification from reference**

Name: First name Last name Job title and credentials

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Employer and employment address: (including street, city, state, zip):

Click or tap here to enter text.