**MENNONITE COLLEGE OF NURSING**

**AT**

**ILLINOIS STATE UNIVERSITY**

**Reference Form for DNP Program**

*(To be filled out by an employer, direct supervisor, or instructor.)*

**This section to be completed by applicant**

Name: Last Name First Name Middle Name

Address (including street, city, state, zip):

Click or tap here to enter text.

[ ]  I understand that this evaluation will be confidential and I waive my right to read it.

 Signature

[ ]  I do not waive my right to read this form should I enroll at Mennonite College of Nursing; therefor this is

 not confidential.

 Signature

**This section to be completed by employer, direct supervisor or instructor:**

*Your evaluation of the applicant’s personal qualifications is important in considering his/her interests and ability and will be handled confidentially. Where your acquaintance is insufficient for comment, write “cannot report”. Please feel free to add an additional page for any other comments.*

1. How long have you known the applicant?

 Click or tap here to enter text.

1. What has been your contact 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:

Click or tap here to enter text.

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

1. Outstanding 2- Very Good 3- Average 4- Fair

Insert “X” if insufficient knowledge to rate. “NA” if not applicable.

Research Ability and Potential Click or tap here to enter text.

Written and Verbal Communication Click or tap here to enter text.

Perseverance in Pursuing Goals Click or tap here to enter text.

Self-reliance and Independence Click or tap here to enter text.

Integrity Click or tap here to enter text.

Mastery of Student’s Field Click or tap here to enter text.

Originality Click or tap here to enter text.

Accuracy Click or tap here to enter text.

Judgment Click or tap here to enter text.

Adaptability Click or tap here to enter text.

Leadership Ability Click or tap here to enter text.

Do you: [ ] Recommend this applicant [ ] Hesitate to recommend [ ] Not recommend

Respondent Full Name: Click or tap here to enter text. Title Click or tap here to enter text.

Institution: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Signature: Date: Click or tap to enter a date.

**Mail the completed documents to:**

**Mennonite College of Nursing**

**Illinois State University**

**Graduate Programs**

**Campus Box 5810**

**Normal, IL 61790-5810**