**MENNONITE COLLEGE OF NURSING**

**AT**

**ILLINOIS STATE UNIVERSITY**

**Reference Form for Master’s Degree Programs**

*(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.

Place an X in the appropriate space in response to each of the qualities below. In each instance, please comment on the factors you consider when arriving at your rating.

Adaptability: [ ] Excellent [ ] Satisfactory [ ] No basis for judgement

Comments: Click or tap here to enter text.

Emotional stability: [ ] Excellent [ ] Satisfactory [ ] No basis for judgement

Comments: Click or tap here to enter text.

Leadership ability: [ ] Excellent [ ] Satisfactory [ ] No basis for judgement

Comments: Click or tap here to enter text.

Dependability: [ ] Excellent [ ] Satisfactory [ ] No basis for judgement

Comments: Click or tap here to enter text.

Oral Expression: [ ] Excellent [ ] Satisfactory [ ] No basis for judgement

Comments: Click or tap here to enter text.

Sensitivity: [ ] Excellent [ ] Satisfactory [ ] No basis for judgement

Comments: Click or tap here to enter text.

Judgement: [ ] Excellent [ ] Satisfactory [ ] No basis for judgement

Comments: Click or tap here to enter text.

Initiative: [ ] Excellent [ ] Satisfactory [ ] No basis for judgement

Comments: Click or tap here to enter text.

Integrity: [ ] Excellent [ ] Satisfactory [ ] No basis for judgement

Comments: Click or tap here to enter text.

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

Verification:

Name: Last Name First Name Title

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

Click or tap here to enter text.

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

**Please return to:**

**Mennonite College of Nursing**

**Illinois State University**

**Graduate Programs**

**Campus Box 5810**

**Normal, IL 61790-5810**