

Reference Form

(graduate program applicants only)

Please submit three professional references from the following: employer, instructor, and colleague or other. Your references should be from three people who can speak to your educational history, scholarly capabilities, clinical interests, and overall characteristics.

Applicant should complete the top portion of this form, then forward this form to the person making the reference. Applicant may collect the letter in a sealed envelope with the references signature across the flap, or the reference can mail directly to the School of Nursing.

Full name of applicant: _____

Phone: _____ **Email address:** _____

Academic Program (check all that you applied to this year):

Graduate specialty:

- Adult Gerontology
- Nurse Anesthesia
- Family Nurse Practitioner
- Nurse Midwifery (MN/DNP and Accelerated BS to CNM)
- Psychiatric Mental Health Nurse Practitioner (MN/DNP and Accelerated BS to PMHNP)
- Master of Public Health or Graduate Certificate in Public Health
- Nursing Education
- Health Systems and Organizational Leadership
- Post-Master Doctor of Nursing Practice (DNP)
- PhD
- Post-Master Certificate Option, indicate specialty: _____
- Other _____

Reference Instructions

The above-named candidate is applying to the School of Nursing at Oregon Health & Science University. In addition to the application, we ask each candidate to supply professional references. Your cooperation in completing the questions below is valuable to us in considering this candidate for admission to our program. The School of Nursing will not release this reference to the applicant. If you would like to provide the applicant with a copy of this reference, please copy the form before submitting it in a sealed envelope or provide a separate letter that can be attached to this form. We appreciate your help in this process.

I. How did you come to know the applicant?

- As an employer
- As an instructor
- As a colleague
- Other: _____

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II. How long have you known the applicant? _____

III. Relative ratings of the applicant:

Please use your knowledge of the applicant to rate the characteristics listed below. In evaluating the applicant, please keep in mind the group (undergraduate students, graduate students, public health professional, practicing nurses, specific age group, etc.) to which you are comparing the applicant.

Comparison group: _____

Specific Characteristics	Very low	Low	Good	Very good	Out-standing	Exceptional	Unknown
Strength of interest/commitment to nursing/public health							
Motivation/diligence							
Ability to get along with others							
Integrity							
Clinical/ professional competence							
Demonstration of leadership skills							
Ability to organize work activities							
Critical thinking/analytic abilities							
Communication skills							
Creativity/originality/innovation							
Dedication to work with underserved populations							
Commitment to the community							

IV. Comments:

Please provide specific information about your experience with this individual with reference to his/her potential to succeeding a graduate program and/or the characteristics rated in Section III. Feel free to use the below space or attach your personal reference letter.

V. Are you willing to discuss the applicant's qualifications further with the selection committee?

- Yes
- No

Name (please print): _____

Credentials: _____ Current rank, title or position: _____

Daytime phone: _____ Email: _____

Signature: _____ Date: _____

Return the completed form to the applicant in a sealed envelope with your signature across the envelope flap or mail directly to: Oregon Health & Science University School of Nursing; Office of Admissions SN-ADM; 3455 S.W. US Veterans Hospital Road; Portland, OR 97239-2941