

Letter of Reference

Please complete this portion of the recommendation form **before** giving it to your source of reference. Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) enacted on December 31, 1974, I DO DO NOT waive the right to inspect and review this completed recommendation.

 Applicant's Name

 Applicant's Signature

TO THE RECOMMENDER: Upon completion of this form, please email it to gradrqmt@txstate.edu. Please include the applicant's name and date of birth, and preferably an ID number. FYI: The deadline for admission is April 1.

Applicant's Name: _____ How long have you known the applicant? _____

In what capacity have you known the applicant? _____

How well would you say you know the applicant? Casually Well Very Well

Rate the applicant in comparison with other nurses with similar levels of experience.

	Top 10%	Top 25%	Average	Below Average	N/A
Performance					
Critical thinking and problem solving					
Ability to accept and benefit from constructive criticism					
Ability to cooperate and relate effectively with others					
Clear, coherent written expression					
Clear, coherent oral expression					
Initiative/Self-reliance					
Reliability/Dependability					
Conscientiousness					
Potential for success in graduate school					
Potential for success as a family nurse practitioner					

Do you recommend this applicant?

Strongly Recommend Recommend Recommend with Reservation Do not Recommend

Comments (**Please DO NOT submit an additional letter**):

 Signature

 Date

Please fill in the below:

Name of Respondent (Print) _____ Phone # _____

Position _____ Employer _____