

School of Nursing

One Washington Square San José, CA 95192-0057 Voice: 408-924-3131 Fax: 408-924-3135 Web: www.son.sjsu.edu

Director: Dr. Jayne Cohen

Dear Colleague,

You have been listed as a reference by one of our applicants to the Master's Degree Program in the School of Nursing at San José State University. Your recommendation for this applicant will be very helpful in the decision making process during application review.

Attached you will find a reference form. The applicant should have completed the top portion of the reference form. In order to complete your portion of the reference packet, please complete the lower portion of the reference form as well as write a letter of recommendation on letterhead stationary. Once these items are complete, put them in an envelope, seal it and place your signature on the sealed flap. The envelope should then be returned to the applicant who will submit it with his/her application packet.

We appreciate your assistance.

The California State University:

Chancellor's Office Bakersfield, Channel Islands, Chico, Dominguez Hills, Fresno, Fullerton, Hayward, Humboldt, Long Beach, Los Angeles, Maritime Academy, Monterey Bay, Northridge, Pomona, Sacramento, San Bernardino, San Diego, San Francisco, San José, San Luis Obispo, San Marcos, Sonoma, Stanislaus

REFERENCE FORM FOR MIS NURSING PROGRAM AT SAN JOSÉ STATE UNIVERSITY

Applicant:	Last Na	ime	First Name		Middle N	lame	Previ	ous Last N	ame	
Privacy Act of 19	74 acco	rds the	m the right t	o rev	iew these	recom	nmendations	s unless tha	t right is	e Family Educational Rights and waived. While applicants are not ag to supply an appraisal in its
	Nursing. waive ad	In access to		h the which	Family E				y Act of	for use in the admissions process of 1974 I hereby:
Date	_			Appl	icant's Sig	gnatur	e			
listed you as a ref number from one letterhead, a brief the applicant.	ference. (low) to f stateme	Please seven ent rega	e evaluate the character (high). This arding the ap	is app s forn pplicar	licant on an is a necont. Please	the fol essary e ment	llowing char part of the ion your rel	racteristics application lationship t	For each	of Nursing at San José State and has ch characteristic, please circle a ition to this form please submit, on plicant, and how long you have known
independence al	(Low)		2	3	s, organiz	5 and	6	work, and 7	(High)	sustains activity to achieve goal
Responsibility a	nd acco	untabi	llity: respon	sible,	dependat	ole and	l accountab	le for own	actions	
	(Low)		2	3	4	5	6	7	(High)	
Oral Communic	(Low)		strates profes	ssiona 3	ıl interper 4	sonal 5	communica 6	tion skills 7	(High)	
Written Commu	<mark>inicatio</mark> i (Low)		anizes well a	ind wi	rites clear 4	ly 5	6	7	(High)	
<u>Critical Thinkin</u>	` ′	zes co								nponents and their relationships
<u>Creativity</u> : deve	elops nev (Low)		paches, nove	el idea	s, and ima	aginat 5	ive solution 6	s 7	(High)	
Interpersonal R	elations (Low)	-	works collab	orativ 3	vely and c	oopera 5	atively with 6	others	(High)	
Leadership : has	vision f (Low)		ire; inspires	confic 3	dence and	is res	pected by or	thers; takes	initiativ (High)	
Overall Rating o	of Appli (Low)		overall rating	g as co	ompared 1	to othe	er master's a	applicants i 7	n nursing (High)	=
Signature:							Date:			
Title:							Organization:			