

TEXAS A&M UNIVERSITY-COMMERCE

Master of Science in Nursing Program

Reference Form

Applicant Name (Printed): _____ CWID: _____

Waiver Statement: I do ___ / do not ___ waive my rights of access to any information contained on this reference form and agree that the statement shall remain confidential.

Applicant Signature Date

To be completed by Reference:

How long have you known the applicant? _____ In what capacity? _____

Please evaluate the applicant in terms of the following characteristics by checking the appropriate boxes. Your evaluation should be based on observed performance.

Table with 5 columns: Characteristic, Excellent, Good, Average, Poor. Rows include Intellectual Ability, Competence, Initiative & Decision Making, Judgment & Critical Thinking, Cooperativeness & Rapport, Oral Communication, Writing Skills, Creativity, Leadership Skills, Reliability, and Adaptability.

Please provide any additional comments you feel would be useful in evaluating this applicant's ability to complete an advanced academic degree. (You may attach additional pages.)

Your overall assessment:

___ Highly Recommend ___ Recommend ___ Recommend with reservation ___ Do not Recommend

Signature: _____ Date: _____

Printed Name: _____ Email address: _____

Title: _____ Telephone: _____

Institution: _____ City/State: _____

Please submit the form to the Graduate School by mail or email.

Texas A&M University-Commerce
c/o The Graduate School
PO Box 3011
Commerce, TX 75429

Email: Dayla.Burgin@tamuc.edu