School of Nursing/Department of Dental Hygiene
Graduate Programs
Reference Request Form

For Applicant: (Complete this section prior to providing the form to the person providing the reference)

1. Select program applying to:
   - [ ] Entry-Level Master of Science in Nursing (ELMSN)
   - [ ] Master of Science in Nursing (indicate track): [ ] Leadership/Management in Nursing [ ] Nurse Educator [ ] Public Health Nursing Leadership
   - [ ] Doctor of Nursing Practice (indicate track): [ ] BSN to DNP [ ] Post Masters DNP [ ] Post ELMSN DNP
   - [ ] Master of Science in Advanced Dental Therapy (MSADT)

2. Right to Access the Completed Admission Reference (Choose one of the following)
   - [ ] I hereby voluntarily waive and relinquish any right of access to this completed admission reference.
   - [ ] I retain my right of access to this completed admission reference.

   If neither choice is selected, the applicant waives and relinquishes their right of access to the completed admission reference.

   My signature below authorizes release of information to Metropolitan State University related to the admission reference.

   Applicant’s Printed Name ___________________________ Phone _____________

   Applicant’s Signature ______________________________________________________________________ Date _____________

For Evaluator:

The person named above has applied for admission to a Metropolitan State University School of Nursing/Department of Dental Hygiene graduate program. The Admissions Committee would appreciate your assessment of the applicant. If you are unable to assess the applicant in more than half of the categories listed in the table below, please contact the applicant so that she/he can ask for a recommendation from someone who is able to assess her/him in a majority of the categories listed.

   Evaluator’s Printed Name ___________________________ Date _____________

   Institution or Agency ___________________________________________ Phone _____________

   Signature ______________________________________________________________________ Position/Title ___________________________

   My relationship to the applicant is: [ ] employer/supervisor [ ] faculty/instructor [ ] professional peer/colleague

   I have known the applicant for: ______ years _______ months

Please rate this applicant in the following areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Superior (top 15%)</th>
<th>Very Good (top 33%)</th>
<th>Satisfactory (top 50%)</th>
<th>Unsatisfactory</th>
<th>Unable to Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal Skills (interactions with people)</td>
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<td>Verbal and written communication (articulate and clear)</td>
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<td>Attentiveness and respect for others (Active listener/open to alternative views)</td>
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<td>Leadership ability (influence and motivate people)</td>
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<td>Organizational Skills (project and time management)</td>
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<td>Self-direction (able to work independently)</td>
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<td>Professionalism (integrity and honesty)</td>
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<td>Technical skills (equipment and computer literacy)</td>
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<td>Conceptual and analytical ability (critical thinking ability)</td>
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<td>Patient care skills (if applicable)</td>
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</tbody>
</table>

Please see page two for the narrative evaluation.

Approved: 10/11; Updated and Reapproved: 10/13
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Applicant’s Name ____________________________________________

Evaluator’s Printed Name ______________________________________

Please answer the questions below or attach a document addressing the questions.

What do you consider to be the applicant’s talents or strengths? (Please give specific examples)

Please expand on the qualities rated on the other side identifying particular strengths, potential limitations, etc. Comment on the applicant’s ability to succeed in graduate education.

What is your level of recommendation for this applicant? Please comment on the ranking below.

<table>
<thead>
<tr>
<th>Highly recommend</th>
<th>Strongly recommend</th>
<th>Recommend</th>
<th>Somewhat recommend</th>
<th>Recommend with reservations</th>
<th>Do not recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Comments:

You have given considerable time and effort in completing this form. Thank you!

Please return this completed reference form to: METROPOLITAN STATE UNIVERSITY
Graduate Studies Office
700 East Seventh Street
Saint Paul, Minnesota 55106-5000
Fax: 651-793-1925

✓ DNP Program application deadline is January 15th
✓ MSN Program application deadline is January 31st
✓ Entry-Level MSN Program application deadline is February 15th
✓ MSADT Program applications are evaluated year-round

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