



GRADUATE STUDY REFERENCE FORM

DNP Program

TO THE APPLICANT: Please complete top portion.

Desired area of study _____ **Doctor of Nursing Practice**

Beginning _____ Semester, 20 _____

Name _____
Last First Middle Maiden Social Security Number

Address _____
Street/Route/P.O. Box City State Zip

I do _____ I do not _____ waive the right to review this recommendation.

Signature _____ Date _____

TO THE RESPONDENT:

The above has given your name as a reference to support his/her application for graduate study at Gardner-Webb University. Careful attention will be given to your appraisal. Please check the appropriate column for each characteristic. Comparison should be made with qualified peers of the applicant.

	Superior (Top 10%)	Good	Average	Below Average	Inadequate Opportunity to Observe
Leadership					
Scholarship					
Intelligence					
Written expression					
Oral expression					
Motivation					
Emotional stability					
Self-reliance					
Social qualities					

Comments (academic and professional fitness, interests, etc.):

- Recommend with enthusiasm
- Recommend with confidence
- Recommend
- Recommend with reservation
- Do not recommend

Signature _____
 Name (print) _____
 Title & Dept. _____
 Organization _____
 City/State/Zip _____
 Phone Number _____
 Relationship to Applicant _____
 Duration of Relationship _____

Remarks (Please use reverse side of this sheet if necessary):

Directions to Respondent: Please put form in a sealed envelope, write your name across the seal, and return to the applicant to include in the application packet.