INSTRUCTIONS FOR THE CANDIDATE

Please complete (print or type) the top portion of this form before delivering it to the individual you have selected as a reference.

Name of Applicant: ______________________________________________________

Program:  
_____ MSN – Family Nurse Practitioner  
_____ MSN – Nurse Educator  
_____ MSN – Nurse Manager  
_____ DNP – Advanced Practice Nurse

_____ Family Nurse Practitioner Certificate  
_____ Nurse Educator Certificate  
_____ DNP – Leadership & Management

Under the provision of the Family Education Rights Act of 1974, you may decide whether letters of references written at your request are to be held in confidence or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the reference will be advised of your choice.

_____ Confidential file. I grant permission for this letter of reference to be held in confidence by Brenau University

_____ Open file. I retain the choice of having letters of reference available to me.

Signature of Applicant:_________________________________________________________________________________________

INSTRUCTIONS FOR THE REFERENCE PROVIDER

Please give an honest appraisal of the applicant’s potential for successfully completing a Master of Science in Nursing or Family Nurse Practitioner Certificate program by responding to the following questions. We appreciate the time and effort you are taking to complete this form.

How long and in what relationship have you known the applicant?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Do you know of any matters related to character, responsibility, physical or mental health which would be considered by the admissions committee or which would limit the activities of this person to perform graduate work?  __ Yes   __  No   Please explain.

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Please comment on the applicant’s strengths as they pertain to suitability for the specialization indicted above.

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________
Please comment on the applicant’s weaknesses.

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Please rank the applicant on the following categories with reference for success in a graduate program.

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<tr>
<th></th>
<th>Upper 10%</th>
<th>Upper 25% but not Upper 10%</th>
<th>Upper Half but not Upper 25%</th>
<th>Lower Half</th>
<th>No Basis For Rating</th>
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<tbody>
<tr>
<td>Clinical Skills</td>
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<td>Emotional Maturity</td>
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<td>Oral Expression</td>
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<td>Imagination and Creativity</td>
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<td>Intellectual Potential</td>
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<td>Judgment and Decision Making</td>
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<td>Perseverance</td>
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<td>Potential for success in program</td>
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<td>Potential in research</td>
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Please comment on the ratings you have given above and provide any further comments, including your recommendations.

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Please check the appropriate recommendation:

_____ I strongly recommend the applicant

_____ I recommend the applicant

_____ I recommend the applicant, but with reservations.

The information I have provided about the candidate is true to the best of my knowledge.

Signed: ___________________________ Date: ___________________________

Name (Printed or Typed): ___________________________ Title: ___________________________

Organization: ___________________________ Position: ___________________________

Phone: ___________________________ Email: ___________________________

Please return the completed Reference Form to:

Brenau University
Office of Admissions
500 Washington Street SE
Gainesville, GA 30501