

Masters of Science in Nursing Professional or Academic Reference Form



Name of Candidate: _____ Date: _____

The above named candidate has applied for admission to the Master of Science in Nursing Program at Concordia University.

You are requested to provide an evaluation of the candidate. References should not be from friends or family members. Please complete this form to the best of your ability. Frank comments will be appreciated.

Please rate the candidate on the following items by checking the appropriate box:

Category	Excellent	Strong	Satisfactory	Marginal	Weak	Not Observed
Academic Aptitude						
Adaptability						
Communication Skills						
Cooperation						
Dependability						
Initiative						
Leadership						
Potential for Success in Nursing Education						

In the space below, please give a frank appraisal of the suitability of the candidate to be admitted into the program. *(Please use the back of this page if necessary.)*

Signature: _____ Printed Name: _____

Title: _____ Indicate your relationship to the candidate: _____

Address: _____ Employer: _____

Please mail or fax application documents to:

Attn: MSN Program, Department of Nursing **By Mail:** Concordia University, 1530 Concordia West, Irvine, CA 92612 **By Fax:** (949) 214-3277

