

UPMC Schools of Nursing Reference Form

Section to be completed by applicant:

Applicant's name: _____
Last First Middle Maiden

Print the name of the person completing the reference. Do not use friends or family members as references.

Name: _____ Occupation: _____

The above applicant is a candidate for admission to a UPMC School of Nursing. Your comments will be used by the Admissions Committee to assist in making an admissions decision.

Reference form is to be returned to applicant in a sealed, signed envelope and submitted with application to selected school.

Applicant's Access to Reference

Public law 93-380 grants a student access to his/her records as maintained by UPMC Schools of Nursing. Furthermore, it grants the student or the applicant the right to relinquish access to the reference. To assure that your records are held in compliance with this law, check one:

- I relinquish my right of access to this reference.
- I do not relinquish my right of access to this reference.

Applicant's signature: _____ Date: _____

Applicant's Permission to Release Reference

I authorize release of this reference to all UPMC Schools of Nursing.

Applicant's signature: _____ Date: _____

Section to be completed by person giving reference

Please rate the applicant in each of the following areas by circling the number that best describes the applicant. Use N/A if unable to evaluate.

	1 Below Average	2 Average	3 Above Average	4 Outstanding	N/A Unable to Evaluate
Accountable / Responsible	1	2	3	4	N/A
Attendance	1	2	3	4	N/A
Punctuality	1	2	3	4	N/A
Caring / Compassionate	1	2	3	4	N/A
Dependable / Reliable	1	2	3	4	N/A
Flexible	1	2	3	4	N/A
Integrity / Honesty	1	2	3	4	N/A
Accepts Constructive Criticism	1	2	3	4	N/A
Organized	1	2	3	4	N/A
Respectful	1	2	3	4	N/A
Interpersonal Skills	1	2	3	4	N/A
Works Well With Others	1	2	3	4	N/A
Motivated	1	2	3	4	N/A

How long have you known the applicant? _____ and in what capacity? _____

Additional comments: (Attach additional page if needed) _____

Signature: _____ Occupation: _____

Address: _____
Street City State Zip Code

Telephone: _____ Date: _____

