

# UPMC SCHOOLS OF NURSING REFERENCE FORM

## SECTION TO BE COMPLETED BY THE 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: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

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.

## 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: \_\_\_\_\_

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

# UPMC SCHOOLS OF NURSING REFERENCE FORM

## 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
<b>ACCOUNTABLE / RESPONSIBLE</b>	1	2	3	4	N/A
<b>ATTENDANCE</b>	1	2	3	4	N/A
<b>PUNCTUALITY</b>	1	2	3	4	N/A
<b>CARING / COMPASSIONATE</b>	1	2	3	4	N/A
<b>DEPENDABLE / RELIABLE</b>	1	2	3	4	N/A
<b>FLEXIBLE</b>	1	2	3	4	N/A
<b>INTEGRITY / HONESTY</b>	1	2	3	4	N/A
<b>ACCEPTS CONSTRUCTIVE CRITICISM</b>	1	2	3	4	N/A
<b>ORGANIZED</b>	1	2	3	4	N/A
<b>RESPECTFUL</b>	1	2	3	4	N/A
<b>INTERPERSONAL SKILLS</b>	1	2	3	4	N/A
<b>WORKS WELL WITH OTHERS</b>	1	2	3	4	N/A
<b>MOTIVATED</b>	1	2	3	4	N/A

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Additional comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

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