THE UNIVERSITY OF IOWA COLLEGE OF NURSING

DOCTOR OF PHILOSOPHY IN NURSING

REFERENCE FORM

APPLICANT’S NAME:

The above named candidate is applying for admission to The University of Iowa’s Doctoral Program in Nursing. Your cooperation in completing the questions below will be very valuable to us in considering this candidate for admission. After you have completed this form, please mail it to: The Office of Graduate Student Services, The University of Iowa, College of Nursing, 37 CNB, Iowa City, IA 52242 or fax it to (319) 384-4423.

Please rate this applicant on each item as compared to other individuals of similar training and experience with whom you have been associated. Use the following numerical scale.

1 – Outstanding  2 – Very Good  3 – Average  4 - Fair

Insert “X” if insufficient knowledge to rate. Insert “NA” if not applicable.

☐ RESEARCH ABILITY AND POTENTIAL  ☐ ORIGINALITY
☐ WRITTEN & VERBAL COMMUNICATION  ☐ ACCURACY
☐ PERSEVERANCE IN PURSUING GOALS  ☐ SCIENTIFIC BACKGROUND
☐ SELF-RELIANCE & INDEPENDENCE  ☐ FAMILIARITY WITH RESEARCH LITERATURE
☐ CLINICAL PROFICIENCY  ☐ ABILITY TO ORGANIZE DATA

Please provide a letter of reference along with this form. Describe your association with the applicant and identify strengths and weaknesses that should be considered in evaluating the applicant’s potential for a research/leadership career. Under the Privacy Act of 1974, applicants may have access to personal information contained in their records, including this reference. Otherwise, access to this reference will be limited to faculty.

RESPONDENT  (NAME)  (TITLE)  (INSTITUTION)

TELEPHONE NUMBER: ___________________________  DATE: ___________________________