

REFERENCE STATEMENT

Doctorate of Nursing Practice Family Nurse Practitioner



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Instructions to the Applicant:

To complete your application you will need three professional references. Please give this form to the person who will be writing a reference for you and ask him/her to fill out the grid on the next page.

You must indicate, by signing the appropriate statement, whether you wish your reference to remain confidential or non-confidential.

(signature) I retain the right to read and approve the contents of this reference after it has been completed.

(signature) I hereby waive my right to read and review the contents of this reference and the statements contained in the reference. I understand that I am not obligated to sign this waiver and that this waiver can only be revoked in writing.

Instructions to the Reference Writer:

This applicant is requesting that you furnish this reference in support of an application for

right to do so as indicated by
WKL V FDQGLGDV

Please return the completed form to:

Millikin University
Office of Admission
1184 West Main Street
Decatur, IL 62522

Or scan and email to:

L I J T F @millikin.edu

REFERENCE

Doctorate of Nursing Practice / Family Nurse Practitioner

Applicant's Name: _____

Reference's Name: _____

Title: _____

Institution: _____

Signature: _____ Date: _____

I have known this candidate for _____ years.

I have known this candidate as _____ coworker _____ employee _____ student.

Please evaluate the applicant in each of the categories below:

	Superior	Good	Adequate	Poor	Not Observed
Leadership ability					
Ability to work independently					
Ability to work with people					
Makes ethical decisions					
Analytical and problem solving skills					
Ability to communicate effectively					
Ability to cope with stress					
Dependability/Reliability					
Functions well in a crisis					
Emotional Maturity					

Please comment on the applicant's primary strengths that will help them in graduate school.
