

THE UNIVERSITY OF IOWA COLLEGE OF NURSING

DOCTOR OF PHILOSOPHY IN NURSING

REFERENCE FORM

APPLICANT'S NAME:

INTENDED FOCAL AREA

- Nursing in Aging
- Nursing Administration
- Child & Family Nursing
- Nursing Informatics
- Individualized Option
(Specify Area of Interest)

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, 444 NB, Iowa City, IA 52242.

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.

- | | |
|---|---|
| <input type="checkbox"/> RESEARCH ABILITY AND POTENTIAL | <input type="checkbox"/> ORIGINALITY |
| <input type="checkbox"/> WRITTEN & VERBAL COMMUNICATION | <input type="checkbox"/> ACCURACY |
| <input type="checkbox"/> PERSEVERANCE IN PURSUING GOALS | <input type="checkbox"/> SCIENTIFIC BACKGROUND |
| <input type="checkbox"/> SELF-RELIANCE & INDEPENDENCE | <input type="checkbox"/> FAMILIARITY WITH RESEARCH LITERATURE |
| <input type="checkbox"/> CLINICAL PROFICIENCY | <input type="checkbox"/> 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: _____