



UMKC School of Nursing & Health Studies

PhD Reference Form

University of Missouri-Kansas City

PhD Program

2464 Charlotte Street

Kansas City, MO 64108

Fax: 816-235-6593

To the applicant:

Please complete and sign before providing this confidential reference form to your reviewer who must be

1. Your immediate supervisor
 2. A faculty professor from your BSN/MSN program
 3. A professional reference (preferable someone with a terminal degree) who can assess your scholarship goals
- Please do not ask for references from a family friend, fellow staff nurse, co-worker or minister

Please supply the reviewer with a stamped envelope pre-addressed to the address above.

Applicant's Name (typed or printed) _____

Applicant's Signature _____

To the reviewer:

The student listed above is applying for admission to the UMKC School of Nursing & Health Studies PhD program. Applicants to this program are required to submit reference forms. You are asked to make a frank appraisal of the applicant. Be assured your responses will be held in confidence. **Please return this completed confidential reference form, in the envelope supplied by the applicant addressed to the School of Nursing & Health Studies, sealed and signed with your signature over the envelope seal.** Thank you for completing this form.

PLEASE COMPLETE THE FOLLOWING:

Based on your experience relative to persons of similar background, how would you rate the applicant's following characteristics? Place an "X" under the column which best describes the applicant. If you cannot assess a particular characteristic, mark "no basis for judgment" as it will not count in the admissions committee's assessment of the applicant. If you are unable to assess in more than half of the categories, please contact the applicant so they can request a recommendation from someone who is better able to assess their professional characteristics.

Characteristics	Upper 10 percent	Upper 25 percent	Upper 50 percent	Lower 50 percent	No basis for judgment
Accountability					
Assertiveness					
Commitment					
Communication - oral					
Communication - written					
Cooperativeness					
Dependability					
Enthusiasm					
Integrity					
Leadership					
Maturity and emotional stability					
Motivation					
Persistence in goal achievement					
Openness to constructive Feedback					
Organizational skills					

Perception of Nursing					
Quality of work					
Resourcefulness					
Responsibility					
Self-Confidence					
Time management skills					
Critical thinking					
Problem solving					

I have known the applicant for approximately ____/____(years/months).

My relationship to the applicant is:_____ (e.g. supervisor, faculty, etc.)

COMMENTS: Provide examples whenever possible to support your assessment. In addition to this form, you may provide a separate sheet of additional detail in addressing the following questions and/or any other attributes and abilities that warrant mention.

1. If you selected “Upper 10 percent” or “Lower 50 percent” for any of the characteristics, please provide justification for your ratings.

2. Does the applicant possess any special attributes that should be noted?

3. Does the applicant demonstrate any limitations you feel would hinder his/her ability to perform effectively in a PhD program, in which the applicant will learn to be a researcher?

Overall recommendation of the applicant based on your ratings and comments:

- I highly recommend this applicant.
- I recommend this applicant.
- I recommend this applicant, but with some reservation.
- I am not able to recommend this applicant.

Name

Title and Business Affiliation

Street Address

City

State

Zip Code

Daytime Phone Number

E-mail

Signature of Reviewer

Date