

**UNIVERSITY OF WISCONSIN-EAU CLAIRE
 COLLEGE OF NURSING AND HEALTH SCIENCES
 Department of Nursing
 DOCTOR OF NURSING PRACTICE (DNP) PROGRAM
 REFERENCE FORM**

I am applying for admission to the Doctor of Nursing Practice (DNP) Program at the University of Wisconsin-Eau Claire. As part of the admission procedure, I am requesting that you submit an assessment of my abilities and personal qualities in the areas listed below.

I do _____ do not _____ waive my right of access to confidential statements and recommendations which are contained in, or are part of my educational records in the possession of, or used by the Dean or designee in the College of Nursing and Health Sciences at the University of Wisconsin-Eau Claire. This waiver can only be revoked in writing and only with respect to confidential statements and recommendations placed in my files subsequent to written revocation.

Type or print full name of applicant: _____

Please enter initials to indicate agreement: _____ Date: _____

Note: The above individual is applying for admission to the Doctor of Nursing Practice (DNP) Program at the University of Wisconsin-Eau Claire, College of Nursing and Health Sciences. Please respond to the following questions, paying particular attention to the person's ability to succeed in a doctoral program. We greatly appreciate your thoughtful consideration of the applicant's qualities.

Please describe the capacity in which you have known the applicant and the approximate dates:

Please rate the applicant, placing a check mark in the appropriate box.

| | Excellent | Very Good | Good | Below Average | Unable to Judge |
|-------------------------------------|-----------|-----------|------|---------------|-----------------|
| Expertise in nursing practice. | | | | | |
| Ability to collaborate with others. | | | | | |
| Ability to be self-directive. | | | | | |
| Leadership qualities. | | | | | |
| Written communication skills. | | | | | |
| Verbal communication skills. | | | | | |
| Creativity. | | | | | |
| Ability to critically think. | | | | | |
| Ability to effect change. | | | | | |
| Ability to manage time. | | | | | |
| Integrity. | | | | | |
| Potential for doctoral study. | | | | | |

Please describe the applicant's potential for doctoral study, including any strengths and areas for improvement: _____

Please provide any additional feedback you believe will be helpful to the DNP program admissions committee as it reviews the applications: _____

Please indicate your recommendation:

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

Name: _____ Position: _____

Please enter initials to validate: _____ Date: _____

Institution or Agency and Address:

I agree to be contacted for additional reference information if needed: Yes No

E-mail address: _____ Phone: _____

PLEASE RETURN TO: UW-Eau Claire Graduate Admissions admissions@uwec.edu
Please reference the applicant's name in the subject line of the e-mail.