



## Master of Science in Nursing (MSN)

### Request for Reference

This form is important in the evaluation of the applicant for admission to Methodist College. An online copy of this form is available at [www.methodistcol.edu/msnrec](http://www.methodistcol.edu/msnrec)

**To be completed by the Applicant:** Please fill out the top portion of this form. Then send it to the person from whom you are requesting to submit a reference on your behalf.

**Name of Applicant:** \_\_\_\_\_ **Graduate Program: Master of Science in Nursing**

The Family Educational Rights and Privacy Act of 1974, provides the applicant with a right of access to this reference form unless he/she has waived such access. Whether or not the applicant chooses to retain or waive this right will not affect the admission review of these materials. Check and sign one of the following statements.

I waive my right to review this recommendation

I DO NOT waive my right to review this recommendation

Signature of the Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by the Reference:** The person listed above is an applicant for admission to the Methodist College Master of Science in Nursing (MSN) Program. We would appreciate your assistance in assessing his/her readiness for graduate study by checking the appropriate box in the rating scales below the heading that most nearly describes the applicant in comparison to other students or employees in this field.

**Applicant's ability as a scholar/professional:**

	EXCEPTIONAL Top 5%	ABOVE AVERAGE Top 20%	AVERAGE Top 50%	BELOW AVERAGE Lowest 20%	POOR Lowest 5%	No information
Intellectual Ability						
Writing Ability						
Speaking Ability						
Academic Preparation						
Motivation to Learn						
Competence in professional field						

**Personal characteristics:**

	EXCEPTIONAL Top 5%	ABOVE AVERAGE Top 20%	AVERAGE Top 50%	BELOW AVERAGE Lowest 20%	POOR Lowest 5%	No information
Self-reliance and independence						
Leadership Ability						
Emotional stability and maturity						
Motivation						

**Overall Recommendation:**

Highly Recommend

How long have you known the applicant? \_\_\_\_\_

Recommend

In what capacity? \_\_\_\_\_

Recommend with Reservation

\_\_\_\_\_

Do not Recommend

*(If you wish to add additional statements or comments to this reference, please include them on a separate piece of paper and attach to this form.)*

Respondent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please return to: Methodist College – Graduate Admissions  
 7600 N. Academic Dr., Peoria, IL 61615  
 Email: [admissions@methodistcol.edu](mailto:admissions@methodistcol.edu)