REFERENCE STATEMENT
Doctorate of Nursing Practice – Family Nurse Practitioner

Applicant’s Name: ________________________________

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 admission to the Millikin University Doctorate of Nursing Practice Program. The reference was developed on the basis of characteristics that the faculty feels are more important achieving success in the field of a Family Nurse Practitioner. This reference may be reviewed by the applicant unless the applicant has waived his/her right to do so, as indicated by the signature above. Your responses will be extremely helpful in evaluating this candidate’s potential.

Please return the completed form to:
Millikin University
Office of Admission
1184 West Main Street
Decatur, IL. 62522

Or scan and email to:
mgtaylor@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 a _____ coworker _____ employee _____ student.

Please evaluate the applicant in each of the categories below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Superior</th>
<th>Good</th>
<th>Adequate</th>
<th>Poor</th>
<th>Not Observed</th>
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</thead>
<tbody>
<tr>
<td>Leadership ability</td>
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<td>Ability to work independently</td>
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<td>Ability to work with people</td>
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<td>Makes ethical decisions</td>
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<td>Analytical and problem-solving skills</td>
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<td>Ability to communicate effectively</td>
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<td>Ability to cope with stress</td>
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<td>Dependability/Reliability</td>
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<td>Functions well in a crisis</td>
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<td>Emotional Maturity</td>
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</table>

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

________________________________________________________________________
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Please comment on the applicant’s greatest challenges if attending graduate school.

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Any additional comments?

__________________________________________________________________________
__________________________________________________________________________
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Your overall assessment of the applicant as to his/her ability to complete an advanced academic degree:

Highly recommend  _______  Recommend without reservation  _______

Recommend with reservation  _______  Do not recommend  _______