



## Washburn University

### School of Nursing

1700 SW College Ave., Topeka, KS 66621

Phone: 785.670.1525 • Fax: 785.670.1032

# Doctor of Nursing Practice

## APPLICANT REFERENCE STATEMENT

### TO THE APPLICANT

Please print your name: \_\_\_\_\_  
(Last) (First) (Middle)

The Family Educational Rights and Privacy Act and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to references. The choice of the applicant regarding this reference is indicated below.

**Please circle your response:** I do / I do not waive my right to inspect the contents of the following reference.

Signature: \_\_\_\_\_

Please request reference statements from three persons who have recent knowledge about your qualifications. On the first page of each reference form, fill in your name and give to the references. Ask each of them to send it back to you in a sealed envelope after they have signed across the seal. Send these three unopened references together, with the other application materials, to the School of Nursing. Opened reference letters cannot be accepted. References must not come from a relative. References should be obtained from a current or previous employer, faculty or professional peer.

### TO THE REFERENCE

The above named person is applying for admission to the DNP program at Washburn University, and has given your name as a reference. We seek students who demonstrate potential for graduate academic work as well as commitment to the profession of nursing. Students should demonstrate the following characteristics:

- critical thinking and decision making abilities
- excellent verbal and written communication skills
- ability to analyze, synthesize and utilize knowledge

Please provide us a candid assessment of this applicant regarding her/his suitability for our program. You are encouraged to attach a separate letter with this form. When you have completed this reference, please return it to the applicant in a sealed envelope **with your signature across the seal**. He/she will include this in the application packet.



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1. How long and in what capacity have you known the applicant?

Date: \_\_\_\_\_ Nature of relationship (employer, co-worker, faculty): \_\_\_\_\_

2. What is your estimate of the applicant's potential to be a successful candidate in this DNP Program?

3. Please indicate the applicant's ability and professional competence in comparison to other individuals whom you have known at similar states in their career.

	EXCELLENT	VERY GOOD	AVERAGE	BELOW AVERAGE	N/A
Intellectual Capacity					
Self-reliance, motivation					
Ability to deal with stress					
Emotional stability and maturity					
Critical thinking skills					
Writing skills					
Verbal skills					
Growth potential					
Skills in relating to others					
Cultural sensitivity					
Organizational ability					
Creativity					

5. Other Comments: (Academic abilities, commitment of nursing, values and ethics, emotional stability and maturity, readiness to enter the DNP program.)

4. I would:

- Highly Recommend
- Recommend
- Recommend with reservation
- Not recommend

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_