



The University of Texas School of Nursing at Houston Applicant Letter of Reference for Graduate Program

Last Modified Date: 02/18/2014

Instructions to the applicant:

Complete items 1-4, print the form, sign it, then send it to the recommender with a stamped envelope addressed to the Office of the Registrar: The University of Texas Health Science Center at Houston, P.O. Box 20036, Houston, Texas 77225-0036.

NOTE: Make sure your recommender is aware of the application deadline you are trying to meet.

1. Provide 7 Digit Student ID or US Social Security Number - Information is not required.**

2. Projected entrance year into the program:

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2.(a). Select the Semester: Fall

Spring

Summer

3. Name (last, first, middle) - as it appears on the application for admission.

4. Clinical Track or Role:

****Disclosure of your Social Security Number ("SSN") is requested for the student records system at The University of Texas Health Science Center at Houston (the "University") and for compliance with Federal and State reporting requirements. Although an SSN is not required for admission to the University, failure to provide your SSN may result in delays in processing your application or in the University's inability to match your application with transcripts, test scores, and other materials. Student SSNs are maintained and used by the University for financial aid, internal verification, and administrative purposes, and for reports to Federal and State agencies as required by Federal and State law. Federal law requires hospitals that incur indirect costs for graduate medical education programs and hospitals that receive Medicare payment for direct graduate medical educational activities to identify residents by SSN. The privacy and confidentiality of student records is protected by Federal and State law and the University will not disclose your SSN without your consent for any other purposes except as allowed by law. With few exceptions, an individual student is entitled upon request to be informed about the information the University collects about the student, to receive and review the information, and is entitled to have the University correct any incorrect information about the student.**

I understand that federal legislation provides me with a right of access to his recommendation after I matriculate; while this right may be waived, no school or person can require me to waive this right.

Check one of the following statements: I hereby WAIVE my right of access to this recommendation.

I DO NOT WAIVE my right of access to this recommendation.

 Applicant's Signature

 Date

Instructions for the Recommender - The above named applicant is requesting that you serve as a reference for his/her application to The University of Texas School of Nursing at Houston. To assist us in evaluating his/her application, please complete this form and return it to the address noted at the top of this page. All completed forms will be treated confidentially.

5. Please rank the applicant on the following:

	Exceptional	Above Average	Average	Below Average	No Information
Knowledge of Field					
Capacity for Independent Thinking					
Intellectual Ability					
Leadership Ability					
Motivation to Work					
Ability to Work Well With Others					
Ability to Express Self Verbally					
Writing Ability					
Emotional maturity					
Likelihood of Success in Program					
Likelihood of Career Success					
Problem Solving Ability					
Ethics					
Analytic Ability					

6. How long have you known this applicant?

7. In what capacity have you known the applicant?

8. I do not have access to this person's grades.

9. If applicable, I feel that his/her grades **do** **do not** **represent his/her level of ability.**

10. Where would you place the applicant on the following scale?

- Not recommended for graduate study
- Unsure of ability to perform graduate study
- Recommended for graduate study

In your own words, we would appreciate your evaluation of the applicant's outstanding strengths and weaknesses, suitability for training in clinical psychomotor/dexterity skills, research, and the ability to complete successfully the proposed area of study. Please include any evaluation comments you choose to make in an attached document.

 Name (Type or Print)

 Institution

 Signature

 Address - Line 1

 Position or Title

 Address - Line 2 (if needed)

 Phone Number