

# Employment Reference

## MASTER'S IN NURSING

School of Nursing  
The University of North Carolina at Chapel Hill

### APPLICANT

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Applicant's name \_\_\_\_\_  
*Last* *First* *Middle*

Semester/Year \_\_\_\_\_ Program \_\_\_\_\_

I agree that this recommendation will be held in confidence by officials of The University of North Carolina, and I hereby waive any rights I may have to examine it.

Check One:  I do agree  I do not agree      APPLICANT'S SIGNATURE \_\_\_\_\_  
*(Applicant must check and sign)*

### EMPLOYER/RECOMMENDER

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The above applicant is applying for admission to UNC-Chapel Hill's School of Nursing Master's Program. The curriculum offers students an opportunity to develop and augment the theoretical basis for advanced nursing practice and to gain basic skills for research in nursing.

A. Please answer the following questions on a separate sheet of paper:

1. How long and in what capacity have you known the applicant?
2. What is your judgment of the applicant's capabilities and suitability for pursuing graduate education in the above program?
3. What is your evaluation of the applicant's capabilities and suitability for subsequent practice in an advanced practice role? Identify areas such as work performance, workload management abilities, leadership ability and personal characteristics.

B. Please rank the applicant on the following behaviors, substantiating with *examples* from the applicant's work experience. Please rank applicant against other employees you have known in comparable positions.

Please circle your responses and give examples below:

1. Interaction with clients and families *excellent good acceptable poor unable to rate*

*Examples:*

2. Interaction with co-workers *excellent good acceptable poor unable to rate*

*Examples:*

Please circle your responses and give examples below:

3. Clinical competence

*excellent good acceptable poor unable to rate*

*Examples:*

4. Problem-solving, priority setting, and decision-making

*excellent good acceptable poor unable to rate*

*Examples:*

5. Assumes responsibility

*excellent good acceptable poor unable to rate*

*Examples:*

6. Ability to share knowledge and assist others with their growth

*excellent good acceptable poor unable to rate*

*Examples:*

7. Commitment to personal and professional growth

*excellent good acceptable poor unable to rate*

*Examples:*

**Recommendation concerning admission** (*check one*)

- The applicant has my highest recommendation.
- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Name (*printed*) and Title \_\_\_\_\_

Agency and Department \_\_\_\_\_

Address \_\_\_\_\_ Phone Number (      ) \_\_\_\_\_

Please return this form with your attached responses to the questions in Part A. Return in a sealed envelope, signed across the back flap to:

**Office of Admissions & Student Services**  
**School of Nursing**  
**The University of North Carolina-Chapel Hill**  
**Carrington Hall, CB #7460**  
**Chapel Hill, NC 27599-7460**