



University of Connecticut

School of Nursing Masters or Doctoral Programs (PhD or DNP)

Candidate's

Name _____
(Printed) Last First Middle Last Four Digits SSN #

NOTE: You may attach additional pages for text if necessary with candidate's full name on each.

Applicant	No basis for judgment	Below Average	Average	Good	Excellent Top10% of all known	Outstanding Top 2 % of all known	Signature _____ Date _____
Intellectual potential							Name _____
Leadership potential							Title _____
Creativity/imagination							Employer _____
Communication skills: oral							Mailing Address _____
Communication skills: written							_____
Ability to work with others							_____
Demonstrated Professionalism							Phone _____
Motivation for advanced study							Email _____
Overall Promise							Relationship to applicant and how long known:

Additional comments (required for PhD and DNP references):

Directions:

1. Three letters of reference are required
2. Applicant is responsible to provide the form to the person providing the reference (it may be downloaded from the UCONN SON web site)
3. Hard copy to the Graduate School (address on form) by the writer
4. Applicant may contact specific Track Coordinator in the School of Nursing for queries concerning sources of letters of reference
5. All PhD or DNP references must be accompanied by a narrative reference using this form and additional pages as needed.