

MURRAY STATE UNIVERSITY
SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE
REFERENCE

Baccalaureate (BSN) to DNP

SECTION 1 (to be completed by applicant)

The following information must correspond exactly to the references listed on your School of Nursing application. Indicate your decision regarding a waiver of the right of access to this reference before giving it to the person who will be submitting the recommendation.

APPLICANT NAME: _____
Last

NAME OF REFERENCE: _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding the recommendation.

I waive my rights to inspect the contents of this recommendation.

I do not waive my rights to inspect the contents of the recommendation

Signature _____

Signature _____

Date _____

Date _____

SECTION 2 (to be completed by reference)

The School of Nursing will value your comments on the suitability of this applicant to do graduate work and will hold your comments in confidence if the applicant has signed the above waiver.

How long and in what capacities have you known the applicant?

Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

Superior Good Average Poor Unknown

