



APPLICANT REFERENCE FORM

Applicants to the UMass Amherst College of Nursing **RN to BS in Nursing** and **Accelerated BS in Nursing** must submit one professional reference.

The reference should be from a person who is well acquainted with your work experience, academic preparation, and performance, and who is able to judge your qualifications for professional nursing (e.g. professor, employer, or other professional).

The reference should be emailed to:

Continuing and Professional Education Admissions Office
University of Massachusetts Amherst
admissions@oe.umass.edu

NURSING PROGRAM APPLICANT REFERENCE FORM

APPLICANT: _____

Instructions:

This form is to be forwarded to the person recommending you.

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their record, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential.

It is your option to waive your right to review these records or to decline to do so. Please mark your choice of option and sign your name below.

I elect to keep this recommendation confidential. I waive all rights of access to this recommendation, whether visual, oral, or written, as provided in the Family Educational Rights and Privacy Act of 1974 and its amendments. I understand that this recommendation will not be available for my inspection now or in the future.

OR

I elect to keep the recommendation non-confidential, and the recommendation may be shown to me at my request.

Type signature here: _____

Date: _____

INSTRUCTIONS TO RECOMMENDER

Please complete the following recommendation form to evaluate this applicant for a UMass Amherst College of Nursing program.

Please DO NOT complete this form if the candidate has failed to designate a confidentiality option above. Your prompt response is appreciated.

UNIVERSITY OF MASSACHUSETTS AMHERST
College of Nursing
APPLICANT REFERENCE FORM

APPLICANT'S NAME: _____
LAST FIRST M.I.

RECOMMENDATION

NAME: _____
LAST FIRST MI

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____ EMPLOYER: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

RELATIONSHIP TO THE APPLICANT: _____

RATE APPLICANT ON THE FOLLOWING CHARACTERISTICS:

	Outstanding	Above Average	Average	Below Average	Poor	Unable to Rate
Organization						
Oral Communication						
Written Communication						
Critical Thinking						
Problem Solving						
Leadership Ability						
Teamwork						
Constructive Feedback Response						

Please describe any additional qualifications and traits you consider of special significance in judging the applicant's abilities to succeed in this program.

Type signature here: _____ Date: _____

Save the form, then email it to:

CPE Admissions Office
admissions@oe.umass.edu