

**FORT HAYS STATE UNIVERSITY**  
**DEPARTMENT OF NURSING**  
**GRADUATE NURSING PROGRAM**  
**Post-Master's Certificate**

**Appraisal of Applicant's personal**

Applicant's Name in Full \_\_\_\_\_  
 (Last Name) (First Name) (Middle Name) (Maiden Name)

Present Address \_\_\_\_\_  
 (City) (State) (Zip)

Applicant's Signature \_\_\_\_\_

By signing, I waive my right to review this reference.

**TO THE REFERENCE:** The above applicant is a candidate for admission to the Graduate Nursing Program in the Department of Nursing. Please write in the space below your appraisal of the applicant. Your comments will be used for the purpose of approving students for admission to the Graduate Nursing Program. The applicant will have access to this reference if no signature appears above. Disregard ratings of form below if you prefer to write comments.

	Highly Recommended	Recommended	Acceptable	Not Acceptable
1. <b>INTEGRITY:</b> Honesty, truthfulness, reliability, discretion				
2. <b>ABILITY:</b> Good judgment, common sense, clear thinking, ability to draw sound conclusions				
3. <b>INDUSTRY:</b> Initiative, self-reliance, perseverance, interest in work, use of time and opportunity				
4. <b>PERSONALITY:</b> Disposition, manners, neatness, courtesy, tact, sense of humor, ability to cooperate with others				

(over)

5. How long have you known the applicant and in what capacity?

6. Describe the professional activities the applicant has participated in since obtaining an MSN degree.

7. In your opinion, are there any reasons why the applicant may not be successful?

REMARKS:

Thank you for responding to this request for information.

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Reference's Name

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Position/Title

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Address

City

State

Zip

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Signature of Reference

Date

Return this recommendation to:

Joyce Dechant, Sr. Administrative Assistant  
Department of Nursing  
Fort Hays State University  
Stroup Hall Rm 120  
600 Park Street  
Hays, KS 67601-4099