



Have you ever been on probation or suspended from any educational institution for academic or disciplinary reasons?  Yes  No (If yes, use separate sheet to explain fully.)

Have you ever been accepted and/or dismissed from any certificate granting program (i.e. nurse anesthesia, nurse practitioner, etc.)?  Yes  No (If yes, use separate sheet to explain fully.)

Please list your current and prior nursing experience below.

<i>From</i>	<i>To</i>	<i>Clinical Area</i>	<i>Position</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list certifications and professional organizations.

\_\_\_\_\_

\_\_\_\_\_

Please answer the following questions regarding underserved population.

1. What type of patients do you intend to serve after you graduate:
  - a.  all private
  - b.  medically underserved (needy)
  - c.  mixture of both
  
2. Is your home community considered to be “medically underserved”?
  - a.  yes
  - b.  no
  - c.  do not know
  
3. Are you planning to return to your home community after graduation?
  - a.  yes
  - b.  no
  - c.  do not know

I understand that completion of this application does not constitute admission to the UTC Graduate School or the UTC School of Nursing M.S.N. program. I understand that admission to the Graduate School does not imply admission to the M.S.N. program. I understand that I cannot register for or attend nursing classes until official approval is received from the Graduate School and the School of Nursing. I certify that the information given in this application is true and complete. I am aware that falsifying information will result in my dismissal from UTC.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MSN Recommendation Form**

**Applicant:** The applicant should complete the following items and give the form to an individual well acquainted with his/her educational abilities and/or clinical abilities. Two of the three references must be from recent employer, faculty member or Dean.

Applicant Name: \_\_\_\_\_ Applicant Address: \_\_\_\_\_  
 \_\_\_\_\_

I waive \_\_\_\_\_ or I do not wish to waive \_\_\_\_\_ the right provided by the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) to view this reference form in my file at the UTC School of Nursing.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Person Completing Reference:** The above-named individual is seeking admission to the graduate program in the UTC School of Nursing. The information given in this recommendation will be confidential ONLY if the above waiver has been signed by the student. You are to place the completed recommendation in a sealed envelope. Place your signature across the flap of the sealed envelope and return to the applicant.

I have known this individual for \_\_\_\_\_ years as his/her \_\_\_\_\_. Please rate the applicant on the following characteristics. Circle each rating as indicated.

	Superior	Above Average	Average	Fair	Poor	Not Known
Analytical Skills	5	4	3	2	1	0
Clinical Performance (overall)	5	4	3	2	1	0
Clinical Performance (accuracy)	5	4	3	2	1	0
Clinical Performance (efficiency)	5	4	3	2	1	0
Character/Ethics	5	4	3	2	1	0
Intellectual Ability	5	4	3	2	1	0
Accountability	5	4	3	2	1	0
Punctuality	5	4	3	2	1	0
Leadership	5	4	3	2	1	0
Honesty	5	4	3	2	1	0
Attention to Detail	5	4	3	2	1	0
Written Communication Skills	5	4	3	2	1	0
Oral Communication Skills	5	4	3	2	1	0
Emotional Stability	5	4	3	2	1	0
Interpersonal Skills	5	4	3	2	1	0
Aptitude for Graduate Study	5	4	3	2	1	0

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Institution \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_