



REFERENCE FORM

BOSTON COLLEGE

WILLIAM F. CONNELL SCHOOL OF NURSING

APPLICATION PROCESSING CENTER

PO BOX 225

RANDOLPH, MA 02368-9998

(617) 552-4928

Please print or type.

WAIVER FORM TO BE COMPLETED BY APPLICANT

To supplement the basic application data, the Admission Committee requires that references be submitted. These will be used for admission purposes only.

NOTE: Multiple references are required. Be sure to sign and print your name on the waiver for each form.

Upon admission and registration in the Boston College Graduate School of Nursing, the Family Educational Rights and Privacy Act of 1974 accords you the right to review these recommendations unless that right is waived.

Type of reference Academic Professional

Social security number

Name Date of Birth
LAST FIRST M.I. MONTH DAY YEAR

I have requested that this reference form be completed by

PRINT NAME

for use in the admissions process of Boston College William F. Connell School of Nursing in accordance with the Family Educational Rights and Privacy Act of 1974.

I hereby:

Check One

Waive my right to inspect this recommendation

Do not waive my right to inspect this recommendation

APPLICANTS SIGNATURE

DATE

EQUAL OPPORTUNITY

Boston College is committed to providing equal opportunity in education and in employment regardless of race, sex, marital or parental status, religion, age, national origin or physical/mental handicap. As an employer, Boston College is in compliance with the various laws and regulations requiring equal opportunity and affirmative action in employment, such as Title VII of the Civil Rights Act and Federal Executive Order #11246. Boston College's policy of equal education opportunity is in compliance with the guidelines and requirements of Title VI of the Civil Rights Act, Title IX of the Higher Education Amendments Act of 1972, and Section 504 of the Rehabilitation Act of 1973.

GUIDELINES FOR THE REFERENCE WRITER

The applicant named on this form is requesting a reference in support of her/his application to a Graduate Program at Boston College's William F. Connell School of Nursing. The Admissions Committee seeks your assistance in evaluating the skills and experience of this applicant.

The applicant will not be considered for review until this reference form is received.

Please return this form, along with your reference letter, to the application processing center within two weeks of receipt.

Thank you in advance for your prompt attention to this request.

In your letter, please address the following questions:

If the applicant is not a nurse, some of the questions may be less applicable.

- **Your Relationship to Applicant** What was/is the nature of your professional relationship with this applicant?
How recent was this contact?
- **Research** Is the applicant familiar with research methods and what has been her/his exposure to research?
Does the applicant have the ability to develop research critique skills? Does the applicant use research in clinical practice and/or teaching?
- **Leadership** Do you consider the applicant to be a leader or a potential leader? Why? How does she/he relate to peers, superiors, subordinates, faculty and other health care professionals outside nursing?
- **Teaching** Does the applicant have skills in teaching others? Is the applicant skillful in clinical teaching, lecture and/or clinical supervision? Does she/he have the respect of colleagues, patients and/or students?
- **Clinical Practice** Does the applicant demonstrate sound clinical judgment and critical thinking? Is the applicant knowledgeable, skillful and creative in clinical practice?
- **Qualities which Enhance Learning** Does the applicant demonstrate critical thinking, creativity, self-direction, writing and oral communication skills, involvement in professional activities, and perseverance in pursuing goals?
- **Responsibility and Initiative** Does the applicant demonstrate these qualities in your interactions with her/him?
In relation to nursing or job-related practice and learning experiences?
- **Overall Recommendation**
Please circle the number indicating the strength of your recommendation.

1
WOULD NOT
RECOMMEND

2

3

4

5

6

ENTHUSIASTIC
RECOMMENDATION

TYPE OR PRINT NAME

SIGNATURE

TITLE

ORGANIZATION

ADDRESS

Please attach the Reference Letter to this form. Mail this form in signed sealed envelope to the Application Processing Center (see address on reverse).