



UNIVERSITY of ROCHESTER MEDICAL CENTER

GRADUATE NURSE FACULTY REFERENCE AND RELEASE (References should be from your most recent hospital, clinical rotation)

_____ (Name of Nursing School)

_____ (Today's Date)

_____ has applied for a position as a Graduate or Registered Nurse on the staff at Strong Memorial Hospital/
(Name of Applicant)
Golisano Children's Hospital at Strong. The applicant states that he/she expects to graduate from your School of Nursing in
_____. While attending your program, the applicant was known under the name of _____.
(Month/Year)

We would appreciate your evaluation of this applicant's general ability and professional proficiency in clinical practice. We would like to know what you consider the applicant's strengths/weaknesses to be. You may be assured that all information will be treated confidentially. **To ensure confidentiality, please mail the form to Nurse Recruitment/Marketing in the attached postage paid envelope.** We appreciate your cooperation.

I hereby authorize the release of my academic/clinical record to Strong Memorial Hospital/Golisano Children's Hospital at Strong, Office of Nurse Recruitment/Marketing:

Signature: _____ Print Name: _____

PLEASE RATE THE APPLICANT ON THE FOLLOWING:

	Outstanding	Above Average	Average	Below Average
Critical Thinking Skills	_____	_____	_____	_____
Clinical Competence	_____	_____	_____	_____
Technical Competence	_____	_____	_____	_____
Professional Attitude	_____	_____	_____	_____
Interpersonal Skills /Team Approach	_____	_____	_____	_____
Organizational Skills	_____	_____	_____	_____
Leadership Potential	_____	_____	_____	_____
Appearance/Grooming	_____	_____	_____	_____
Attendance/Punctuality	_____	_____	_____	_____
Flexibility/Adapts to Change	_____	_____	_____	_____

The student was a participant in your clinical area during what semester? _____ Year _____

In comparison with the other students in the class, how would you rank this student academically?
Upper 10% () Upper 25% () Middle () Lower 25% () Lower 10% ()

Please identify strengths/weaknesses that will assist/impepe the student's transition to an RN role:

Additional Comments:

Faculty
Signature: _____

Date: _____

Title: _____

Phone: _____



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