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***Graduate Nurse***

***Faculty Reference and Release***

**[References should be from your most recent hospital, clinical rotation]**

**Name of Nursing School:**        **Date:**

Applicant Name:       has applied for a position as a Graduate or Registered Nurse on the staff at University of Rochester Medical Center.

The applicant states that he/she expects to graduate from your School of Nursing in      [Month/Year]**.**

While attending your program, the applicant was known under the name of      .

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 strength’s/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, 601 Elmwood Avenue, Box 619-19, Rochester, NY 14642 or e-mail directly to nursingrecruitment@urmc.rochester.edu or Fax to (585) 756-5882.*** We appreciate your cooperation.

I hereby authorize the release of my academic/clinical record to University of Rochester Medical Center, Office of Nurse Recruitment/Marketing.

**Applicant Signature PRINT Name**

***If you have received this form via e-mail the signatures are considered electronic***

**PLEASE RATE THE APPLICANT ON THE FOLLOWING:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Outstanding** | **Above Average** | **Average** | **Below Average** |
| Critical Thinking Skills |  |  |  |  |
| Clinical 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/impede the student’s transition to an RN role:**

Additional Comments:

**Faculty *Signature & Title***:        **Date**:

**Print Name:**