

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills/Team Approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance/Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility/Adapts to Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____