

**The University of Texas School of Nursing at Houston**  
**Applicant Letter of Reference for Graduate Program**

**Instructions to the applicant:**

Download the form, complete items 1-5, indicate your waiver selection, digitally sign the form (or print and sign), then send it to the recommender by email. The completed form from the recommender should be sent as an email attachment to Student-Admissions@uth.tmc.edu.

**NOTE:** Make sure your recommender is aware of the application deadline you are trying to meet.

**1. Name (last, first, middle) - as it submitted on the application for admission.**

**2. 7-Digit Student ID**

**3. Date of Birth (mm/dd/yyyy)**

**4. Projected entrance year into the program:**

and entry Semester:

☐

Fall

☐

Spring

☐

Summer

**5. Clinical Track or Role:**

**Check one of the following statements:**

☐

I hereby **WAIVE** my right of access to this recommendation.

☐

I **DO NOT WAIVE** my right of access to this recommendation.

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Applicant's Signature

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Date

**Instructions for the Recommender - The above named applicant** is requesting that you serve as a reference for his/her application to The University of Texas School of Nursing at Houston. To assist us in evaluating his/her application, please complete this form and return it as an attachment to Student-Admissions@uth.tmc.edu. All completed forms will be treated confidentially.

**6. Please rank the applicant on the following:**

	Exceptional	Above Average	Average	Below Average	No Information
Knowledge of Field					
Capacity for Independent Thinking					
Intellectual Ability					
Leadership Ability					
Motivation to Work					
Ability to Work Well With Others					
Ability to Express Self Verbally					
Writing Ability					
Emotional maturity					
Likelihood of Success in Program					
Likelihood of Career Success					
Problem Solving Ability					
Ethics					
Analytic Ability					

**7. How long have you known this applicant?**

**8. In what capacity have you known the applicant?**

**9. I do not have access to this person's grades.** ☐

**10. If applicable, I feel that his/her grades** ☐ **do** ☐ **do not** **represent his/her level of ability.**

**11. Where would you place the applicant on the following scale?**

- ☐ Not recommended for graduate study
- ☐ Unsure of ability to perform graduate study
- ☐ Recommended for graduate study

In your own words, we would appreciate your evaluation of the applicant's outstanding strengths and weaknesses, suitability for training in clinical psychomotor/dexterity skills, research, and the ability to complete successfully the proposed area of study. Please include any evaluation comments you choose to make in an attached document.

\_\_\_\_\_  
 Name (Type or Print)

\_\_\_\_\_  
 Institution

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Address - Line1

\_\_\_\_\_  
 Position or Title

\_\_\_\_\_  
 Address - Line 2 (if needed)

\_\_\_\_\_  
 Phone Number