

Master of Science Professional Reference Form

To the respondent: The individual named below has applied for a Master of Science program at Nebraska Methodist College. You have been identified as an individual who can speak to the academic and professional qualifications of the applicant. Please take a moment to complete this evaluation and submit it to NMC. Thank you for your assistance.

Applicant's Name: _____

Statement by Applicant (waiver of right to review)

I understand that this completed letter of reference will be used only for admission and financial aid purposes in compliance with the Family Education Rights and Privacy Act of 1974. I waive the right to review this reference.

Applicant's Signature _____ Date _____

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Comments</i>
<i>Character and Personality</i>					
Moral qualities, ethical standards					
Responsibility, trustworthiness and adaptability					
Initiative, self-reliance, autonomy, determination					
<i>Communication Skills</i>					
Ability to express self verbally					
Ability to express self in writing					
Ability to work with others					
<i>Intellectual Capacity</i>					
Analytical ability					
Creative, independent thinking					
Ability for critical thought and analyses					
Ability to engage in research, scholarly activity					
Ability to contribute to the profession of healthcare					

How strongly do you support this applicant for admission to a Masters program at Nebraska Methodist College? (please check one)

Support Strongly Support Support with Reservations Do Not Support

How do you know the applicant? _____ How long have you known the applicant? _____

Evaluators signature: _____ Date: _____

Evaluators Name/Title: _____

Contact phone or email: _____

Please return this form to: **Nebraska Methodist College The Josie Harper Campus, Admissions 720 N. 87th Street Omaha, Nebraska 68114; Fax form to: (402) 354-7020 or email as an attachment at admissions@methodistcollege.edu.**