Graduate program applicants—except for Nurse Anesthesia—use this form to complete professional references as required for your application. Applicants to the graduate nursing programs are required to submit two completed reference forms; Doctoral (Ed.D.) program applicants are required to submit three completed reference forms.

**STATEMENT BY APPLICANT** (waiver of right to review)

I understand that this letter of reference will be kept confidential in compliance with the Family Education Rights and Privacy Act of 1974. I waive the right to review this letter of reference.

__________________________
Printed Name

__________________________
Signature

__________________________
Date

**TO APPLICANT REFERENCES**

The above individual has applied for admission to a graduate program at Clarkson College. Before a decision about acceptance can be made, we request letters of reference—two for master’s degree applicants and three for doctoral degree applicants—from individuals who can speak to the academic and professional qualifications of the applicant. Please take a moment to answer the questions below and then return this form to Clarkson College. Thank you for your assistance.

Reference name ____________________________ Phone __________

Title/Position ____________________________________________________________

Organization name & address ________________________________________________

__________________________
Signature

__________________________
Date

Rate the applicant in comparison with others of his/her age and position whom you have known.

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>TOP 10%</th>
<th>TOP 25%</th>
<th>TOP 50%</th>
<th>LOWER 50%</th>
<th>NO BASIS FOR JUDGEMENT</th>
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<tbody>
<tr>
<td>Intellectual ability</td>
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<td>Breadth of general knowledge</td>
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<td>Ability to express self verbally</td>
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<td>Ability to express self in writing</td>
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<td>Ability to work with others</td>
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<td>Ability to perform without directions</td>
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<td>Ability to direct the work of others</td>
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<td>Ability to teach and educate others</td>
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<td>Potential for leadership in health care</td>
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</table>
How strongly do you support this applicant for admission into the graduate program at Clarkson College? (select one)

______ Support strongly  ______ Support  ______ Support with reservations  ______ Do not support

State how long, how well and in what capacity you have known the applicant. We would appreciate your identification and assessment of his/her merits as well as deficiencies. If additional space is needed, attach an additional page.

________________________________________________________________________

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Return graduate program professional reference materials to:
Clarkson College Admissions Office
101 South 42 Street   Omaha, NE 68131-2739   FX 402 552 6165