

# SAINT LOUIS UNIVERSITY

## SCHOOL OF NURSING

Name of Prospective Student: [Click here to enter text.](#)

### Basic Contact Information of Reviewer:

1. First Name: [Click here to enter text.](#)
2. Last Name: [Click here to enter text.](#)
3. Street Address: [Click here to enter text.](#)
4. City: [Click here to enter text.](#)
5. State: [Click here to enter text.](#)
6. Postal Code (required for U.S. addresses): [Click here to enter text.](#)
7. Country: [Click here to enter text.](#)
8. U.S. Telephone Number: [Click here to enter text.](#)
9. Email Address: [Click here to enter text.](#)
10. Title/Position: [Click here to enter text.](#)
11. Employer: [Click here to enter text.](#)
12. Relationship to Applicant: [Click here to enter text.](#)
13. How long have you known the applicant? [Click here to enter text.](#)
14. In what capacity? [Click here to enter text.](#)

### Standardized Evaluation of Applicant:

(Please rate the applicant relative to others who have been in the same capacity in recent years.)

1. Intellectual Ability: Insert number.
2. Ability to work independently: Insert number.
3. Ability to work with others: Insert number.
4. Analytical Skills: Insert number.
5. Interpersonal Skills: Insert number.
6. Emotional Maturity: Insert number.
7. Communication: Insert number.
8. Adaptable to intense demands: Insert number.
9. Ability to accept feedback: Insert number.
10. Leadership Potential: Insert number.
11. Integrity: Insert number.

#### Evaluation Key:

1. Top 10% Excellent
2. Next 20% Good
3. Middle 40% Average
4. Next 20% Below Average
5. Lowest 10% Poor
6. Not Observed

### Short Essay on experience with Applicant (Optional):

[Click here to enter text.](#)

Please fill this form out and send through your professional email to [ChristinaButler@SLU.edu](mailto:ChristinaButler@SLU.edu).  
In the subject of the email please place the following information: "ABSN Applicant Reference: Student First and Last name."