

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

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.
In the subject of the email please place the following information: "ABSN Applicant Reference: Student First and Last name."