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.