

SAINT LOUIS UNIVERSITY

SCHOOL OF NURSING

Name of Prospective Student:

Basic Contact Information of Reviewer:

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

Standardized Evaluation of Applicant:

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

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

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):

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."