



**RHODE ISLAND
COLLEGE**

**SCHOOL OF NURSING
Master of Science in Nursing Program**

LETTER OF REFERENCE REQUEST FORM

To be filled in by applicant:

_____ has applied for admission to the Master of Science in Nursing program at Rhode Island College. Please indicate in the space provided below, or in an attached letter, your estimation of the strengths and weaknesses of the applicant regarding

- 1) competence in intellectual thinking,
- 2) oral and written communication skills,
- 3) persistence in meeting goals,
- 4) motivation and initiative,
- 5) potential for successful graduate study,
- 6) ability to work effectively with others, and
- 7) overall commitment to the nursing profession.

Please include comments about the unique characteristics and special interests of the applicant. Finally, please inform us of the length and nature of your relationship with the applicant.

Signature _____ Date _____

Name _____
(Please print) (Institution or firm) (Position)

Address _____

Statement of Confidentiality

The applicant is hereby advised that, in compliance with the Family Educational Rights and Privacy Act of 1974, the strict confidentiality of all information and materials received by the Faculty of Arts and Sciences from any source in the consideration of this application shall be maintained, and these documents shall not be disclosed to anyone, including the candidate and his/her family, except by action of the dean in accordance with the provisions of the act and Rhode Island College policy. Once the admissions process has been completed the "educational records" only of enrolled students are forwarded to the Records Office and are available to the student upon request.