



Early Entry PhD Option Applicant Reference Form

This applicant has applied to the Early Entry PhD Option in Nursing at the University of Wisconsin-Madison and has suggested you as a person well acquainted with his/her academic background and potential for success in completing a graduate degree. We are seeking information relative to the student's qualifications and potential for success in completing an advanced degree.

Instructions:

1. Complete form online and print.
(You will need the [free Adobe Acrobat Reader](#) version 5.0 or higher to type your information into the fields.)
2. Sign and date bottom of form
3. Return completed form to the Academic Programs Student Services Office:
Attention: Carol Aspinwall, Coordinator of Academic Student Services – PhD Program
caaspinwall@wisc.edu

Reference is for:

| | | | | | |
|---|-----------|-----------|-----------|-----------|-----------------------|
| In your opinion, is the applicant's academic potential greater or less than that indicated by grades? | | | | | |
| Less | Equal | Greater | | | |
| Compared with graduate students you have known, please rate the applicant in the following areas: | | | | | |
| | Upper 10% | Upper 25% | Upper 50% | Lower 50% | No Basis for Judgment |
| Academic knowledge of major field | | | | | |
| Capacity for analytical thinking | | | | | |
| Intellectual curiosity | | | | | |
| Demonstrated research ability | | | | | |
| Ability to work independently | | | | | |
| Ability to exchange and share ideas | | | | | |
| Perseverance toward goals | | | | | |
| Ability to express self orally | | | | | |
| Ability to express self in writing | | | | | |

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| In summary (please check one): |
| I expect the applicant to become an outstanding doctoral candidate. |
| I expect the applicant will be an above average doctoral candidate. |
| I expect the applicant to perform doctoral work satisfactorily. |
| I feel there is some doubt as to the applicant's success in a doctoral program. |
| I feel the applicant would not perform satisfactorily in a doctoral program. |
| Indicate the dates during which you were associated with this applicant: |
| Your capacity at that time (teacher, advisor, supervisor or other): |

Your written comments about the applicant will be appreciated. **Continue on a separate sheet if necessary.**

| | | |
|---------------------|--------|-----------|
| Signature: | | Date: |
| Your Name: | | |
| Title: | | |
| Address Information | | |
| Street: | | |
| City: | State: | Zip Code: |