Application and Information for BSN Completion Program  
FALL SEMESTER 2015 RN-BSN Program  
For applicants who have a current Utah license as a Registered Nurse

Completed applications with all required information must be submitted to the nursing advisor by the DEADLINE: 4:00 PM on Wednesday, July 1, 2015.

Thank you for your interest in the UVU BSN Completion Program. Our mission is to provide quality nursing education, helping students to cultivate requisite knowledge, sound clinical judgment, and a foundation for lifelong learning, as they progress toward becoming competent, caring nurses in a complex and changing health care environment.

Admission to any UVU Nursing program is contingent upon satisfactory results of both a federal criminal background check and a drug screen. Information on obtaining both reports will be provided upon acceptance. The Department of Nursing has sole discretion to deny acceptance based on the information contained in either of these two reports. The UVU Nursing program is a very rigorous, time-intensive program. Students are expected to attend all classes, labs and clinical assignments as scheduled. The nursing program requires a full commitment each semester, from first day of class until the last day of class.

Please read all the following information carefully before filling out the application.

Information about the application process...

# 1 - Application to Utah Valley University
Acceptance to UVU is required prior to submitting an application to the UVU Nursing program. Application to the University can be done online at www.uvu.edu. A fee is due at the time of application. If you have attended UVU previously, but have not attended classes for more than one year, then you must be readmitted. Nursing classes in the BSN program can be taken in any order and students have the option to be part-time or full-time. Students must also meet all UVU requirements for a BS degree before graduating. A minimum of 30 credits must be completed at UVU in order to meet the residency credit requirement for a Bachelor in Science degree. If no credits have previously been completed at UVU, additional credits may be required to graduate. Also a minimum of 40 credits must be completed at the upper division level (3000+) for a Bachelor in Science degree. If other upper division credits have not been taken at UVU or transferred to UVU, additional credits will be required to graduate. Students can check Wolverine Track to monitor their graduation requirements.

# 2 - Nursing Application
In addition to being admitted to UVU, a Nursing application must be submitted to the Department of Nursing. When the application period is open applications are available to download at www.uvu.edu/nursing or can be obtained in the Department of Nursing Office, located in the Health Professions Building on the Orem West Campus, in room HP 203. Completed application with all required information must be submitted to the nursing advisor by the deadline of Wednesday, July 1, 2015. Applications and all required information not received by the deadline will be considered ineligible.
# 3 - Eligibility
In order to be eligible to apply by the application deadline you must have,

A - been accepted to UVU and issued a UVID number;
B - completed MATH 1050, CHEM 1110, ENGL 1010, ZOOL 2320 \( w/ \) lab, ZOOL 2420 \( w/ \) lab, PSY 1100 and MICR 2060 \( w/ \) lab with a B- minimum; (If AS nursing program, including prerequisite courses, were completed prior to January 1, 2010, they will be accepted under the previous C grade minimum requirement; however, beginning January 1, 2010, any prerequisite course and/or nursing course taken AFTER that date, will be under the new B- minimum requirement.)
C - completed an Associate nursing program, with a minimum 2.0 GPA. If the ASN degree is not posted on your UVU transcripts then an official transcript with the degree posted must be turned in with the nursing application.
D - hold a current Utah RN license;
E - the ability to obtain two Letters of Reference from a nursing faculty or a nursing employer, who has observed you in a clinical setting, within the past 2 years.
F - if English is NOT your first language, an appropriate TOEFL score, no older than 2 years. Appropriate scores are: 560 written, 220 computer or 83 iBT.

# 4 - Prerequisite Course Work Information
All prerequisite course work must be complete with a B- minimum (**see NOTE below) and posted to your UVU transcript by the application deadline. Only final grades are acceptable. If you are unable to provide final grade information for any prerequisite course by the application deadline you are not eligible to apply at this time.

**NOTE:** If AS nursing program, including prerequisite courses, were completed prior to January 1, 2010, they will be accepted under the previous C grade minimum requirement; however, beginning January 1, 2010, any prerequisite course and/or nursing course taken AFTER that date, will be under the new B- minimum requirement.

# 5 - Transferring Credits
If all transfer credit information is available on your UVLink (student tab), Transfer Credit Awarded page, a copy of that information is sufficient. Until transfer credits have been evaluated and posted as credit to your UVU transcript, transfer credits will be considered as A pending and will not satisfy the requirements of the program.

If any applicable course prerequisite or nursing--is submitted to UVU but not yet posted to your UVLink Transfer Credit Awarded page, an official copy of that transcript must be submitted along with your Nursing application.

If transferring to UVU with a previous AA, AS, BA or BS degree, several general education requirements may be waived.
After transcripts and degrees have been evaluated check wolverine track to see remaining requirements.

The Department of Nursing does not evaluate and post transfer credits to your record. Although the nursing department will accept official copies of your transcripts, once they are opened by our office, they are no longer official and you would need to provide an additional copy to the UVU Admissions Office in order for those for credits to be evaluated. Therefore, if you provide the Department of Nursing with official transcripts, you must also provide official, sealed transcripts to the UVU Admissions Office to have credits posted to your UVU record.
# 6 - Acceptable College Credits
Although there are a variety of ways to obtain college credit, some are appropriate for the nursing prerequisites while others are not. Please be aware of the following credits and/or grades, and how they may affect your nursing application:

**Pass/Fail or Credit/No Credit Grades:** With the majority of points awarded based on the prerequisite GPA, only letter grades are acceptable for all prerequisite courses.

**AP Credits:** AP scores of 3, 4 or 5 can be accepted as filling prerequisite requirements. AP scores must be posted to your transcript as credit. For purposes of calculating the GPA, an AP score of 3 = B+, 4 = A-, and 5 = A.

**ACT Scores:** An ACT score is only used to determine placement into a subject, it does not waive any prerequisite course. MATH 1050, or a higher level math course which required MATH 1050 as a prerequisite (except for Trigonometry), is required to satisfy the Quantitative Literacy requirement for both the nursing program prerequisite and the campus.

**Repeating Course Work:** Repeating a course for a better grade is an option; however, only one repeat per course in a 5-year time frame is allowed and only the most recent attempt can be considered as satisfying degree requirements. Once a course is repeated, grades for all prior attempts cannot be used to satisfy any degree requirement.

# 7 - If Accepted
If offered a position, acceptance will be contingent upon several factors. These factors include:

- providing satisfactory results of both a federal background check and a drug screen. The background check will include a record of employment and all non-juvenile arrests and convictions, including sex offenses; UVU has sole discretion to deny entrance based upon the information contained in either of these two reports;
- mandatory attendance at the Nursing Orientation Meeting. All those accepted for FALL 2015, are required to attend this meeting on Tuesday, August 18, 2015, from 8 am to approximately 1 pm. If unable to attend, you will not be eligible to accept your position. Keep this date open so, if accepted, you will be able to attend.
- turning in all paperwork required to the UVU Nursing Department by the deadlines.

# 8 - Decision Notification
ALL applicants will be notified of decisions by U.S. mail, at the latest, 2 weeks after the deadline. Notification will be sent to the address given on your application. Please make sure that address is correct and written legibly. Decision information will not be given out over the phone.

# 9 – Alternates
All eligible candidates will be rank-ordered, and if additional openings occur prior to the beginning of class, candidates will be contacted in that order. As an alternate candidate you will be required to attend the mandatory Nursing Orientation Meeting. If not offered a position as an alternate, candidates must submit a new application to reapply for future semesters.

# 10 - Scholarship Information
Information and applications regarding scholarships, including all privately-funded nursing scholarships are available on the Financial Aid website at [http://www.uvu.edu/financialaid/](http://www.uvu.edu/financialaid/).
APPLICATION BSN COMPLETION PROGRAM
SPRING SEMESTER 2015 RN-BSN Program
For applicants who have a current Utah license as a Registered Nurse

Please read and follow all instructions and complete all sections. If application does not include all required information and supporting documents by the 4 PM on Wednesday, July 1, 2015, it will not be considered. If accepted into the program you will be required to attend a mandatory Nursing Orientation Meeting scheduled for Tuesday, August 18, 2015 from 8 AM to approximately 1 PM. Please call Kathy at 801-863-6317 if you have questions.

PLEASE PRINT CLEARLY

PERSONAL INFORMATION:

<table>
<thead>
<tr>
<th>UVID#</th>
<th>(All Email contact will be through UVLINK email.)</th>
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<tr>
<td>First Name</td>
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<td>Middle Name</td>
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<td>Last Name</td>
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<td>Phone</td>
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</tr>
</tbody>
</table>

MAILING ADDRESS:

| Street Address | |
| City, State, Zip | |

SECTION 1 # UVU APPLICATION

Acceptance to UVU is required prior to submitting an application to the UVU Nursing program. Without a UV ID#, your application is incomplete; therefore, the Department of Nursing will not accept your application.

__ I am currently enrolled in classes at UVU or I have taken courses at UVU within the last year.

__ I attended UVU previously, but HAVE NOT taken a class within the last year; I reapplied on: ____________________

__ I have never attended UVU; I applied for the first time on: ____________________
**SECTION 2 # PREREQUISITE COURSE WORK**

In the space provided, please give complete and accurate information regarding each prerequisite course (prerequisite courses and nursing core from your Associate program will be included in the GPA calculation). Identify the course prefix and number of each course as it appears on the transcript from the campus where it was completed (i.e., for nutrition, if taken at UVU it would be NUTR 1020, if taken at BYU it would be NDFS 100, etc.). Please highlight each of these courses on your transcripts. Minimum grade requirement is a C or better for any course taken BEFORE January 1, 2010; B- grade for courses taken AFTER January 1, 2010. If a final grade is not available for each of these prerequisites by the application deadline, you are not eligible to apply.

<table>
<thead>
<tr>
<th>PREREQUISITE CLASS</th>
<th>PREFIX &amp; COURSE # (as identified on the transcripts from campus where taken)</th>
<th>GRADE</th>
<th>CREDIT HOURS</th>
<th>WHERE COMPLETED??</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRO WRITING (Engl 1010)</td>
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<td>_UVU</td>
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<td>Other</td>
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<td>COLLEGE ALGEBRA (Math 1050)</td>
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<td>_UVU</td>
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<td>Other</td>
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<td>HUMAN DEVELOPMENT Life Span (Psy 1100)</td>
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<td>_UVU</td>
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<td>Other</td>
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<td>ELEM CHEMISTRY (Chem 1110)</td>
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<td>_UVU</td>
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<td>Other</td>
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<td>HUMAN ANATOMY w/lab (Zool 2320)</td>
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<td>Other</td>
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<td>MICROBIOLOGY w/lab (Micro 2060)</td>
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<td>Other</td>
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<td>HUMAN PHYSIOLOGY w/lab (Zool 2420)</td>
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<td>_UVU</td>
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<td>Other</td>
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</table>

Although NOT prerequisite to the program, please indicate whether or not the following courses are complete:

_ No _ Yes  Pathophysiology
_ No _ Yes  Statistics

If NO, please check the program information at [http://www.uvu.edu/nursing/degreesandprograms.html](http://www.uvu.edu/nursing/degreesandprograms.html) select RN to BSN Program, for information regarding completing these courses concurrently with the nursing program.
SECTION 3  #  COLLEGE TRANSCRIPT

All prerequisites must be complete with grade posted before submitting the application. Mark the appropriate option and follow the complete instructions listed under that option.

**ALL prerequisites, including RN program course work, taken at UVU**
Print a CURRENT, unofficial UVU transcript from UVLink and submit with application; please highlight all prerequisites.

**One or more prerequisite, including RN program course work, taken on another campus and transcript has been submitted to UVU and evaluated.**
I am submitting a print out of the Transfer Credit Awarded Page from UVLink, which includes credits for all prerequisites, including RN program course work along with my UVU unofficial transcript (from UVLink), please highlight all prerequisites.

TO PRINT TRANSFER CREDIT AWARDED PAGE:
< Log in to UVLink from the UVU website at [www.uvu.edu](http://www.uvu.edu) (a UVID# is required!)
< Click on the STUDENT® tab at the top
< Under Banner Services
< Click on Student Services & Financial Aid
< Click on Student Records
< Click on Transfer Credit Awarded
< Print page(s)

**One or more prerequisite, including RN program course work, taken on another campus that UVU does not accept credits from;** I am submitting an official sealed copy of my transcript from each campus where each prerequisite was completed, including RN program course work along with my UVU unofficial transcript (from UVLINK) if applicable.

SECTION 4  #  ASSOCIATE RN PROGRAM

If the ASN degree is not posted on your UVU transcripts then an official transcript with the degree posted must be turned in with the nursing application.

Associate RN program completed: Campus ___________________________ Grad Date __________________

Degree Received:

**Associate in Science (AS)**

**Associate of Applied Science (AAS)**

SECTION 5  #  RN LICENSE

**Yes** A copy of your current Utah RN license must be included with this application.

Date License Issued: ___________________________ Expiration Date: ___________________________

**No** If NO, your application is incomplete and you are not eligible for this application period.
SECTION 6  # PREVIOUS DEGREES

Other than your Associate RN program listed in Section 4, have you completed any other degrees?

__ No   __ Yes

If YES, please list degree, campus and date completed: ____________________________________________________

SECTION 7  # CRIMINAL HISTORY

Have you ever been convicted of a felony or misdemeanor?

__ No   __ Yes

If YES, include a FULL disclosure of all circumstances involved, dates and/or time frames, as well as any resolution reached. The Department of Nursing has sole discretion to deny acceptance based on information contained in this report. Attach a separate page, if necessary.
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SECTION 8  # ENGLISH LANGUAGE PROFICIENCY

Is English your native language? __ Yes __ No

If NO, application to the program will be contingent upon providing a current, minimum TOEFL score of 560 written, 220 computer-based, or 83 ibt. Scores can be no older than 2 years. Attach TOEFL Score documentation to this Application or email from APG committee.
Before signing, read entire application and the information below thoroughly. If clarification is needed, please ask!

By signing this application, I understand that . . .

1) if accepted, I will be required to attend the MANDATORY Nursing Orientation Meeting to be held on Tuesday, August 18, 2015 from 8 am to approximately 1 pm. This is a REQUIRED meeting and if unable to attend, I understand I will forfeit my position for Fall 2015 entry.

2) I have read the application information section and I assume full responsibility, and any consequence, if application instructions are not followed or deadlines not met;

3) only complete applications will be reviewed; it is my responsibility to submit, by the deadline, all required documents, including transcripts, and grade reports, if required;

4) if accepted, I will be expected to make the nursing program my first priority. The Nursing program cannot make accommodations to fit my work schedule. Flexibility in my work and family schedule is my responsibility. The nursing program requires a FULL commitment EACH semester, from the first day of class until the last day of class. If unable to make this commitment, it is strongly suggested that I postpone my application until a time when I am willing and able to make this full commitment.

Applicant’s Signature _____________________________________________ Date ________________________
SECTION 10 # NURSING REFERENCES

Two (2) reference forms are required for this application. All references MUST be done on the standardized form included with this application. All references must be from either nursing employers who are in a nursing supervisory position and have observed you in a nursing capacity or from a nursing faculty member who has observed you in a full clinical rotation. All responses and comments must be from observations made within the past 2 years. It is preferred that you select evaluators who are able to respond to ALL characteristics listed; consequently, references from evaluators who are unable to respond to a MINIMUM of 7 of the 10 traits listed on the form, will be considered inappropriate and will not be considered in the process. Please select references appropriately.

Complete PART I only of the Nursing Reference Form. Then give the form, bearing your signature, to an appropriate evaluator (see above), who must complete both PARTS II and III. Both PARTS II and III are scored; therefore, without a written response in PART III, full points will not be possible.

When complete, the evaluator should seal the form in an envelope and sign across the flap. The evaluator should then return the sealed envelope to you, in order for you to include it with your application when it is submitted to the Department of Nursing. If preferred by the evaluator, the reference may be mailed, e-mailed or faxed directly to our office, but it must be received by the application deadline. Information necessary to submit a reference by any of these alternative methods is provided on the form.

Please check they type of reference and then list your evaluators, their facility, and your job title.

1. ☐ Nursing Faculty ☐ Nursing Supervisor

   Name ________________________________

   Facility ________________________________

   Your job title at this facility ________________________________

   For office use only
   Received:

   1- __________________

   2- __________________

2. ☐ Nursing Faculty ☐ Nursing Supervisor

   Name ________________________________

   Facility ________________________________

   Your job title at this facility ________________________________
BSN Completion Program

NURSING REFERENCE FORM

PART I  # To be completed by APPLICANT:

Applicant Name: ____________________________________________________________

Evaluator's Name: __________________________________________________________

Under the federal Family Educational Rights and Privacy Act of 1974, matriculated students are entitled to review their records, including letters of recommendation unless a waiver of that right has been signed. Generally, evaluators may provide information more useful if their recommendations are kept confidential. Should you decide not to waive the right, you will have access to the recommendation only if accepted into the nursing program. Please mark your choice below, then sign and date and give to an evaluator who is familiar with your nursing clinical skills.

☐ I waive my right of access to this confidential report
☐ I do not waive my right of access to this confidential report

Signature: _________________________________ Date: ____________________________

PART II  # To be completed by the EVALUATOR:

The person named above is applying to UVU's BSN Completion program. Your comments are an important component of the application. Please be candid and straightforward in your responses regarding the characteristics indicated. Use the scale below to compare this applicant with a representative group you've known in a similar capacity during your nursing career. Length of time you have known the applicant: _______________________

In what capacity: ☐ nursing faculty w/in past 2 yrs ☐ current nursing employer/supervisor
☐ other ________________________________ ☐ past nursing employer/supervisor within past 2 yrs

If this is an employer reference, please indicate the applicant’s job title: ________________________________

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<thead>
<tr>
<th>Characteristic</th>
<th>Superior Top 2%</th>
<th>Outstanding Top 10%</th>
<th>Excellent Top 20%</th>
<th>Good Top 30%</th>
<th>Avg Top 50%</th>
<th>Poor Lower 50%</th>
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<td>Overall competence and potential</td>
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How would you rate YOURSELF giving ratings of this kind? ☐ Generous ☐ Average ☐ Very conservative
PART III  #  To be completed by the EVALUATOR:

Full points CAN NOT be obtained for this reference without written comments.

In the space provided below, please comment on specific attributes which you feel contribute to this applicant having a greater likelihood for success in comparison with others who may be equally well-qualified. If for any reason you have substantial reservations about this applicant’s potential for success, please explain. If you prefer, comments can be included on a separate page. PLEASE NOTE THAT THIS IS A SCORED PORTION OF THE APPLICATION—NO COMMENTS MEANS NO SCORE.

Evaluator’s Printed Name: ____________________________ Phone: ______________________

Institution/Organization: ____________________________________________

Title: ____________________________ E-mail: ____________________________

Signature: ____________________________ Date: ____________________________

PLEASE SIGN THIS FORM, SEAL IT IN AN ENVELOPE, SIGN YOUR NAME ACROSS THE FLAP AND RETURN TO THE APPLICANT TO BE INCLUDED WITH THEIR APPLICATION PACKET.

IF YOU PREFER, THE FORM CAN BE SENT DIRECTLY TO:  

UVU NURSING DEPT – APG COMMITTEE – MS 172

800 W UNIVERSITY PARKWAY

OREM UT  84058

OR FAXED TO:  ATTN: “NURSING APG COMMITTEE”  FAX NUMBER: 801–863–6093

OR E-MAILED FROM EVALUATORS EMAIL TO:  hafenka@uvu.edu

This form must be received before 4PM on Wednesday, July 1, 2015.

Questions can be directed to Kathy Hafen at 801–863–6317 or hafenka@uvu.edu.
PART I  #  To be completed by APPLICANT:

Applicant Name:__________________________________________

Evaluator’s Name:________________________________________

Under the federal Family Educational Rights and Privacy Act of 1974, matriculated students are entitled to review their records, including letters of recommendation unless a waiver of that right has been signed. Generally, evaluators may provide information more useful if their recommendations are kept confidential. Should you decide not to waive the right, you will have access to the recommendation only if accepted into the nursing program. Please mark your choice below, then sign and date and give to an evaluator who is familiar with your nursing clinical skills.

☐ I waive my right of access to this confidential report
☐ I do not waive my right of access to this confidential report

Signature:__________________________________________ Date:____________________

PART II  #  To be completed by the EVALUATOR:

If unable to respond to at least 7 of the traits listed, please inform the applicant that you are not an appropriate evaluator.

The person named above is applying to UVU’s BSN Completion program. Your comments are an important component of the application. Please be candid and straightforward in your responses regarding the characteristics indicated. Use the scale below to compare this applicant with a representative group you’ve known in a similar capacity during your nursing career. Length of time you have known the applicant:____________________

In what capacity:☐ nursing faculty w/in past 2 yrs  ☐ current nursing employer/supervisor
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How would you rate YOURSELF giving ratings of this kind?  ☐ Generous  ☐ Average  ☐ Very conservative
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OREM UT  84058

OR FAXED TO: ATTN: “NURSING APG COMMITTEE” FAX NUMBER: 801–863–6093

OR E-MAILED FROM EVALUATORS EMAIL TO: hafenka@uvu.edu

This form must be received before 4PM on Wednesday, July 1, 2015.

Questions can be directed to Kathy Hafen at 801–863–6317 or hafenka@uvu.edu