

UNIVERSITY OF WISCONSIN-MILWAUKEE

College of Nursing

REQUEST FOR REFERENCE FORM FOR STUDENTS WHO ARE CURRENTLY ENROLLED OR HAVE BEEN ENROLLED IN CLINICALS AT ANOTHER SCHOOL

Students who have been enrolled in clinical nursing courses in another school of nursing must request completion of this form by the director of that school.

TO BE COMPLETED BY THE APPLICANT BEFORE REQUESTING A REFERENCE.

I hereby give my permission for release of information about my performance at:

(Name of educational institution)

To be sent to Donna Wier, College of Nursing, University of Wisconsin-Milwaukee. This information is required for review of my application for admission to the Professional Major in Nursing.

Date Signature

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TO BE COMPLETED BY THE DIRECTOR OF COLLEGE OF NURSING.

Please return the completed form directly to: Donna Wier, College of Nursing, University of Wisconsin-Milwaukee, P.O. Box 413, Milwaukee, WI 53201.

Is this student allowed to continue in your Nursing Program? Yes ___ No ___
Is this student in good standing in your Nursing Program? Yes ___ No ___
Do you recommend this student for study in professional Nursing Yes ___ No ___

Please use the back of this form to explain both positive and negative responses.

Date Signature