

CONFIDENTIAL **CLINICAL REFERENCE** FOR ADMISSION
Nursing Graduate Program

Name of Applicant:

Program applying to:

The above-named applicant has applied for admission to the Nursing Graduate Program.

The applicant requests that you provide information on his/her clinical abilities. We rely considerably on the statements made by Referees and are most grateful for your assistance. We would like your letter of reference to include the areas listed below, citing evidence or examples. Please add additional comments as you wish.

1. Length of time you have known applicant and the nature of your relationship to applicant.
2. Ability to carry out clinical research including level of independence.
3. Clinical performance.
4. Ability to work with others, i.e. interpersonal and group skills
5. Leadership ability.
6. Initiative and motivation.
7. Intellectual ability.
8. Emotional stability and maturity.

NOTE: Please append this form to your letter and return to:

Nursing Graduate Program
McMaster University
1280 Main Street West, HSC 2J41
Hamilton, Ontario, Canada L8S 4K1
Fax: 905-526-7949
E-mail: gradson@mcmaster.ca