SAINT LOUIS UNIVERSITY  
SCHOOL OF NURSING

Name of Prospective Student: Click here to enter text.

Basic Contact Information of Reviewer:

1. First Name: Click here to enter text.
2. Last Name: Click here to enter text.
3. Street Address: Click here to enter text.
4. City: Click here to enter text.
5. State: Click here to enter text.
6. Postal Code (required for U.S. addresses): Click here to enter text.
7. Country: Click here to enter text.
8. U.S. Telephone Number: Click here to enter text.
9. Email Address: Click here to enter text.
10. Title/Position: Click here to enter text.
11. Employer: Click here to enter text.
12. Relationship to Applicant: Click here to enter text.
13. How long have you known the applicant? Click here to enter text.
14. In what capacity? Click here to enter text.

Standardized Evaluation of Applicant:

(Please rate the applicant relative to others who have been in the same capacity in recent years.)

1. Intellectual Ability: Insert number.

Evaluation Key:

1. Top 10% Excellent

2. Next 20% Good

3. Middle 40% Average

4. Next 20% Below Average

5. Lowest 10% Poor

6. Not Observed

1. Ability to work independently: Insert number.
2. Ability to work with others: Insert number.
3. Analytical Skills: Insert number.
4. Communication/Interpersonal Skills: Insert number.
5. Emotional Maturity: Insert number.
6. Adaptable to intense demands: Insert number.
7. Ability to accept feedback: Insert number.
8. Leadership Potential: Insert number.
9. Values, beliefs, integrity: Insert number.

Short description of the applicants attributes of maturity, leadership potential, values, beliefs and integrity:

Click here to enter text.