

Professional Student Nurse Extern Faculty/Instructor Recommendation Form

Student Name: _____

Nursing School Name: _____

The University of Texas MD Anderson's Professional Student Externship (PSNE) program allows nursing students the opportunity to work in a Magnet Recognized facility with an interdisciplinary health care team. Please respond to the following questions and return this form directly to PSNE@mdanderson.org no later than **5pm the Monday after the application process closes**.

How would you compare this student to other students?

	Below Average	Average	Above Average	Excellent
Attendance				
Caring				
Communication				
Cooperativeness				
Critical Thinking				
Initiative				
Leadership				
Punctuality				
Reliability				
Teamwork				
Overall Recommendation				

Additional comments:

Signature: _____ Date: _____

The Faculty/Instructor must submit this form to:
 Nursing Workforce Planning and Development: PSNE@mdanderson.org