

School of Nursing Recommendation Form

Applicant, please print or type the following information:

Name of Candidate _____

Candidate's Email Address _____

Program of Interest: Doctor of Nursing Practice Innovation in Health Systems Quality and Safety in Health Systems

Name of Evaluator _____

Evaluator's Email Address _____

Evaluator Position/Institution _____

Evaluator Type: Academic Professional (Employer/Supervisor)

Evaluator:

Complete the following prompts and, along with your letter of recommendation, return the completed documents one of the following ways: 1) email as a saved .pdf to gradschl@up.edu, 2) mail a printed document to the address above, or 3) upload your document via SENDedu. All recommendation letters must be signed and submitted by the recommender to be considered valid.

Approximately how long have you known the candidate? _____ years

Please rate the applicant in the following areas: **Click the boxes below for a checkmark to appear.*

	Excellent	Average	Below Average	No Basis to Evaluate
Character and Personality				
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic/Professional Ability				
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical/Work Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Estimate for Potential for Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Letter of Recommendation: Please email, mail or upload a letter of recommendation that discusses the applicant's qualifications and potential to complete a graduate program, as well as the applicant's promise of professional success. At the top of your letter, please include the applicant's first and last name as well as email address. Refer to the directions above for submission specifications.

Name of Evaluator* _____ Date _____

** If you are submitting this form electronically, printed name serves as your signature.*