

Recommendation Form: School of Nursing

Applicant Name (First and Last Name): _____ Applicant Email: _____

Program of Interest: Doctor of Nursing Practice Clinical Nurse Leader Nurse Educator

Evaluator Name (First and Last Name): _____

Evaluator Position/Institution: _____

Evaluator Type: Academic Professional (Employer/Supervisor)

Directions: Complete the following prompts and return either via email as a saved .pdf to gradschl@up.edu or printed document by mail to the address above. Please be sure this completed form is included with your submitted letter of recommendation. All recommendation letters must be signed and submitted by the recommender to be considered valid.

- **Approximately how long have you known the applicant?:** _____ Years
- **Please rate the applicant in the following areas: *Click the boxes below for a checkmark to appear**

	Excellent	Average	Below	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 include a letter of recommendation with this form 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. Refer to the above directions for submission specifications.**

Evaluator Signature: _____ Date: _____

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