



UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
SCHOOL OF NURSING
GRADUATE PROGRAM
DOCTOR OF NURSING SCIENCES PROGRAM

Recommendation Form for Applicants
Doctor of Nursing Science Program (DNS)

To the Applicant: Part I of this form must be completed before you give it to the person who will make your recommendation. This form must be returned in an unopened, signed and sealed envelope with your application packet. Part II must be completed by the recommender.

Part I- To be completed by the Applicant (Your name should be as it appears on your application).

_____ Last Name

_____ First Name

_____ MI

Name of Recommender: _____

The applicant may waive the right to see letters of recommendations and the Graduate Department School of Nursing may consider it confidential. If the applicant does not waive this right, the student may request to review this reference. This waiver does not affect consideration of the application for admission.

This reference will be: Held in confidence Open to my review

Applicant's Signature: _____

Date: _____

Part II-To be completed by the Recommender

Note: This applicant has requested that you serve as a reference for his or her admissions to the DNS Program of School of Nursing-Medical Sciences Campus. We encourage you to provide information about the applicant’s potential for success in graduate study and research, his/her general character including strengths and weaknesses and preparation for a successful career.

1. How long and in what context do you know the applicant?

2. Please evaluate the applicant in each of the following areas.

Area of evaluation	Superior	Above Average	Average	Below Average	Unable to Evaluate
a. Width of nursing knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Analytic capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Written communication ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Oral communication ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Creativity and originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ability to Interpersonal work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Aptitude to accept constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Overall Recommendation
Please indicate the strength of your recommendation.

I do not recommend	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	I strongly recommend
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4. We are very interested in your comments about the applicant's scholarship, character and abilities related to the applicant's successfulness in the DNS Programs. Please use the space provided or you can attach a formal letter to address these attributes.

Signature: _____ Date: _____

5. Personal and Contact Information

Name: _____ Title/Position: _____

Institution/Company: _____

Mailing address: _____

City State Zip Code

Electronic address: _____

Telephone number: _____

Please insert the form in an envelope, seal and sign it, and return the envelope to the applicant. Thanks for your time.