



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?

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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.

<b>I do not recommend</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	<b>I strongly recommend</b>
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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: _____
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5. Personal and Contact Information

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Institution/Company: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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City	State	Zip Code
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Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Please send this form signed to the following email: [admisiones.rcm@upr.edu](mailto:admisiones.rcm@upr.edu)  
or to the following postal address: Oficina Central de Admisiones - RCM

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Thanks for your time