



UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
SCHOOL OF NURSING
DOCTOR OF PHILOSOPHY IN NURSING (Ph.D.)

Recommendation Form for Applicants
Doctor of Philosophy in Nursing Program (Ph.D.)

Note: Please complete this form in either English or Spanish.

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 referee.

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 Referee: _____

The applicant may waive the right to see letters of recommendation and the Ph.D. Program School of Nursing may consider it confidential. If the applicant does not waive this right, she/he may request to review this reference. This waiver does not affect the consideration of the application for admission.

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

Applicant's Signature: _____ Date: _____

4. We are very interested in your comments about the applicant's scholarship, character and abilities related to the applicant's successfulness in the PhD Program. Please use the space provided or you can attach a formal letter to address these attributes.

5. Personal and Contact Information of Referee

Name: _____ Title/Position: _____

Institution/Company: _____

Email address: _____

Telephone number: _____

Signature: _____ Date: _____

Thanks for your time.

Please send this form signed to the following email: admisiones.rcm@upr.edu or to the following postal address:

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