

**NORTHERN MICHIGAN UNIVERSITY
SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM**

RECOMMENDATION FORM

Applicant: Please complete the top portion of this recommendation form and forward it to the person who will complete the recommendation. The completed recommendation should be emailed to the Graduate Studies and Research Office: graduate@nmu.edu

Applicant's Name	
Address	
City/State/Zip	
Name of the person completing the recommendation	

The family Education and Privacy Act of 1974 gives the student the right to inspect letters of recommendation written in support of applications for admission or fellowship.

TO BE COMPLETED BY THE RECOMMENDER. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1. How long have you known the applicant and in what connection?

2. What do you consider to be the applicant's strengths?

3. What do you consider to be the applicant's weaknesses?

PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS:					
	Poor	Average	Good	Excellent	Unable to Evaluate
1. Critical Thinking					
2. Clinical knowledge and skills					
3. Health assessment skills					
4. Decision-making skills					
5. Interpersonal Skills					
6. Ability to work with others					
7. Communication skills (oral)					
8. Writing ability					
9. Analytical ability					
10. Creativity					
11. Professionalism					
12. Level of independence					
13. Accountability					

Please comment on the ratings that you have assigned above and make any additional comments about the applicant's personal and professional qualities.

Signature _____ Date _____

Name _____

Title _____

Institution _____

Address _____

City/State/Zip _____

Telephone _____ Email _____

*Thank you for completing the recommendation form
Please email the form directly to: graduate@nmu.edu*