

**The University of Alabama in Huntsville
College of Nursing
Doctor of Nursing Practice: Post Master's
Graduate Recommendation Form**

SECTION A (to be completed by applicant)

The applicant must complete all items in Section A and sign below before giving the form to an individual well acquainted with his/her educational and/or clinical abilities. Failure to complete any item may result in the Graduate Admission Committee disregarding the recommendation.

Applicant's Name _____ SSN _____

Applicant's Address _____

Applicant's Statement

____ I waive ____ I do not wish to waive the right provided by the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) to view this reference form in my file at The University of Alabama in Huntsville College of Nursing.

Signature _____ Date _____

SECTION B (to be completed by individual providing recommendation)

The above named individual is applying to the Doctor of Nursing Practice program in the College of Nursing and is requesting that you provide a recommendation. The information given in this recommendation will be confidential only if the applicant waives the right to view the recommendation and the above waiver has been signed by the applicant.

Name _____

Organization/Institution _____

Position/Title _____

Relationship to Applicant _____

Length of time you have known the Applicant _____

Signature _____ Date _____

Continued on next page

SECTION C (to be completed by individual providing recommendation)

Using the scale listed below, please indicate how the Applicant ranks in relation to other students/employees. Circle one response for each item listed.

- 5 Superior
- 4 Above average
- 3 Average
- 2 Below average
- 1 Unsatisfactory
- NA Not able to assess

In relation to other students/employees, this individual is:

Cognitive Ability	5	4	3	2	1	NA
Leadership	5	4	3	2	1	NA
Dependability/Reliability	5	4	3	2	1	NA
Clinical Performance	5	4	3	2	1	NA
Research/Scholarship Potential	5	4	3	2	1	NA
Critical Thinking	5	4	3	2	1	NA
Professional Behavior	5	4	3	2	1	NA
Oral Communication	5	4	3	2	1	NA
Written Communication	5	4	3	2	1	NA
Interpersonal Relationships	5	4	3	2	1	NA

Overall, this applicant's potential for success in the Doctor of Nursing Practice program is:
 Outstanding Above Average Average Poor Not able to assess

We welcome additional comments that could attest to this individual's capacity for success in the Doctor of Nursing Practice program. Please use additional page(s) if necessary.

DO NOT return this form to the applicant. Mail complete form directly to:

**UAH College of Nursing
 Office of Graduate Programs
 NB 202
 Huntsville, AL 35899
 Telephone: 256.824.6669
 Fax: 256.824.6026**