



COLLEGE OF NURSING
LETTER OF RECOMMENDATION – DOCTORAL PROGRAM – DNP

To the Applicant: This form should be completed by at least one current or previous program faculty who can evaluate your potential for graduate study, one current or previous clinical supervisor who can evaluate your current clinical competency and skills, and one other appropriate nursing professional that can attest to your nursing competencies and skills. Type or print the top section yourself.

Name: _____ USF ID: _____

Degree Program: [] DNP (Doctorate of Nursing Practice)

Address: _____

Should you be admitted to the University, you would have the right, as a student, to review your permanent record including this recommendation form on file with the University. Some persons prefer not to complete recommendation forms, however, unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics [such as originality, independence and research capability]. Therefore, the University is affording you the opportunity to waive your right of subsequent access to this reference statement. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

- I do waive my right of subsequent access to this recommendation form
I do not waive my right of subsequent access to this recommendation form.

Applicant Signature: _____ Date: _____

To the Referee: Please return the completed recommendation form directly back to the applicant in a sealed envelope with your signature across the seal. Applicants are required to submit all application documents in one complete packet for consideration. Please note that this will be used as a contributing factor to determine the applicant's eligibility for admission.

Person providing the reference: _____
Name/Title Institution/Organization Relationship to Student Phone

I. Please rate the applicant with others of the same age and academic level: It is important to the candidate that you give a rating here as well as written comments below.

Table with 5 columns: Qualities, Top 10%, Top 5%, Top 1%, Not Able to Evaluate. Rows include: 1. Advanced Practice Clinical Skills, 2. Ability to Lead & Initiate Change, 3. Potential for Scholarly Achievements in Publications & Presentations, 4. Written & Verbal Communication, 5. Motivation & Diligence, 6. Emotional Maturity, 7. Creativity & Adaptability.

II. Please use the rest of this form to transmit your evaluation of the applicant's suitability to pursue doctoral level study. Attach an additional page if necessary.

- a. How long have you known the applicant? In what capacity?
b. Your evaluation of the applicant's potential for doctoral level study.

Signature of Referee: _____ Date: _____