

**University of Wisconsin – Milwaukee
College of Nursing**

**DOCTORAL PROGRAM
RECOMMENDATION OF APPLICANT**

Type or print full name of applicant: _____

I do do not waive the right to inspect this confidential recommendation when it becomes a part of my file at the University of Wisconsin-Milwaukee. I understand that according to the Family Educational Rights and Privacy Act of 1974, this waiver is optional.

Applicant's Signature

Date

NOTE: The above individual is applying for admission to the doctoral program at the UWM College of Nursing and has selected you to provide a recommendation. The information you submit will be used in assessing the applicant's qualifications for admission. If the applicant has signed the statement above, the information you submit will be held in complete confidence. **Please complete both sides.**

Please rate the applicant on each of the characteristics below by placing a check (✓) mark in the appropriate boxes.

	Exceptional	Outstanding	Above Average	Average	Below Average	No Opinion
Motivation for Doctoral Study						
Initiative						
Conceptual Ability						
Analytical Ability						
Ability to Think Independently						
Ability to Work Independently						
Written Communication Skills						
Verbal Communication Skills						
Integrity						
Potential for Research						
Potential for Other Scholarly Activities						
Ability to Organize						
Creativity						

(over)

How long have you known the applicant? _____
Years Months

In what capacity have you known the applicant?

Please describe the applicant's primary strengths or assets and weaknesses or liabilities. How might these affect the applicant's performance in graduate study?

- Recommendation (Please check):
- Strongly recommend
 - Recommend with reservations
 - Recommend
 - Do not recommend

Institution/Organization Signature Date

Title Name (type or print)

Business Address City, State, ZIP code

Please mail completed form to:
University of Wisconsin-Milwaukee
College of Nursing
Student Affairs Office – Graduate Advisor
P.O Box 413, CUN 129
Milwaukee, WI 53201