

## 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: \_\_\_\_\_\_\_

## Part II-To be completed by the Referee

Note: This applicant has requested that you serve as a reference for his or her
admissions to the PhD Program of School of Nursing-Medical Sciences Campus. We
encourage you to provide information about the applicant's potential for success in
graduate study and research, his/her general character including strengths and
weaknesses and preparation for a successful career.

	1. How long and in w	hat context o	lo you know	the applicant	?	
	2. Please evaluate the	e applicant in	each of the f	following are	as.	
	Area of evaluation	Superior	Above Average	Average	Below Average	Unable to Evaluate
a.	Breadth of nursing knowledge					
b.	Analytic capacity					
c.	Written communication ability					
d.						
e.	Creativity and originality					
f.	Motivation					
g.	Responsibility					
h.	Ability to Interpersonal work					
i.	Aptitude to accept constructive feedback					
3. Overall Recommendation Please indicate the strength of your recommendation.						
	I do not recommend	2 3	4   5	5 6	I strongly recommend	

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
Na	me:Title/Position:
	stitution/Company:
En	nail address:
Te	lephone number:
Sig	nature: Date:
Th	anks for your time.
	ase send this form signed to the following email: <a href="mailto:admisiones.rcm@upr.edu">admisiones.rcm@upr.edu</a> or to the owing postal address:
	Oficina Central de Admisiones - RCM

Oficina Central de Admisiones - RCM Programa Doctorado en Filosofía en Enfermería PO Box 365067 San Juan, PR 00936-5067