



Nursing & Health Sciences
FLORIDA INTERNATIONAL UNIVERSITY

**Application for Admission
Recommendation Letter
PhD Program**

Please complete all pages and questions of this recommendation accurately and fully. Thank you.

Panther ID (If applicable): _____

Name of applicant: _____
Mr./Mrs./Ms./ Last Name First Name MI

Under the Federal Family Educational and Privacy act of 1974, I hereby waive ____ or do not waive ____ my right to review this recommendation.

Dear Recommender,

The above individual has applied for admission to the Doctor of Philosophy in Nursing Program and has given your name as someone who can give a meaningful assessment of his/her capability. Please rate this applicant on the following scale in relation to professional and /or educational capacity.

Please write your assessment of the applicant's competencies and his/her promise as a Doctoral student based on your professional experience in Nursing as an ____Academic Professor/Advisor, ____Supervisor, or ____Co-Worker of this applicant.

Briefly describe the clinical nursing competence of the applicant (if applicable).

Describe the characteristics, which qualify this individual for nursing.

Please check the appropriate boxes.

	No basis for Judgment	Below Average	Average	Good	Very Good	Out- standing	Truly Exceptional
Analytical Powers: Rigor of thought Critical facility Reasoning ability							
Independence of Thought: Creativity, Imagination Originality							
Communication: Speak, listen and write clearly Present ideas in an organized fashion. Interpret ideas communicated							
Industry and Motivation: Self-direction, Persistence Willingness to expend effort necessary to achieve goals.							
Judgment and Maturity: Conscientiousness Tolerate ambiguity Solve problems in a constructive manner. Conscious of impact of own behavior on others.							

The Graduate School of Nursing, Florida International University welcomes your prompt response to this form. The corresponding application cannot be reviewed until your recommendation is received. Thank you.

___Academic ___Supervisor ___Co-Worker

Print Name & Title: _____ Institution: _____

Signature: _____ Date: _____

Forward completed and signed recommendation to:

Florida International University
College of Nursing and Health Sciences
PhD Program
Attn: Grace Litano
11200 SW 8th Street, AHC3 Room 520
Miami, FL 33199