

## PROFESSIONAL RECOMMENDATION

FOR: \_\_\_\_\_  
Last Name First Middle/Maiden (if applicable)

**TO THE APPLICANT:** Please seek recommendations from persons who can evaluate your potential for succeeding in your chosen nursing specialty, such as a recent employer. If you have been a student in the last five years, please give a recommendation form to a faculty member or the academic program director.

**TO THE EVALUATOR:** The person whose name appears above is applying to School of Nursing at the University of Pittsburgh and has asked you for a reference. This recommendation will be used solely for evaluation for admission purposes. It will not be made a part of the individual's permanent record and is not subject to the Family Educational Rights and Privacy Act of 1974. The applicant will not at any time have access to this recommendation.

Please complete this form, place it in the envelope provided by the applicant, sign your name across the envelope flap to ensure confidentiality, and return the envelope directly to the applicant. He or she will then submit this recommendation to the School of Nursing as part of the complete application package.

Thank you for completing the Professional Recommendation Form. We are grateful for your input.

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1. In what specific capacity have you known the applicant and for how long?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Has the applicant shown that he/she has well defined career goals?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What is your estimation of the applicant's principal strengths as they relate to participation in the Bachelor's/ Master's /DNP/PhD Program(s) in Nursing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Please evaluate the applicant's ability to communicate in oral and written form.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(over)

5. Please evaluate the applicant according to the following criteria by checking the appropriate boxes. Academic evaluators should compare the applicant to a representative group of students who have had approximately the same number of years of education and experience. Non-academic evaluators should use some other relevant group.

	Superior (Top 5%)	Excellent (Top 15%)	Good (Top Third)	Average (Middle Third)	Weak (Low Third)	Inadequate Opportunity to Observe
Problem Analysis Ability						
Interpersonal Skills						
Leadership Potential						
Motivation & Initiative						
Clinical Competence						
Ability to Engage in Research						

6. Please indicate your overall evaluation of this applicant for graduate study in nursing by circling **one** of the numbers below.

Highly Recommend                      Recommend                      Do Not Recommend  
 5                      4                      3                      2                      1

Please print or type.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

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For information on University equal opportunity and affirmative action programs and complaint/grievance procedures, please contact the Office of Affirmative Action, 901 William Pitt Union, University of Pittsburgh, PA 15260 (412) 648-7860.