DOCTOR OF NURSING PRACTICE
RECOMMENDATION FOR ADMISSION

This section to be completed by the applicant. Please type or print.

Name of Applicant _____ Phone _____

Home Address (Street, R.R., or PO Box) _____

City _____ State _____ Zip _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantees students access to certain academic records. Students may, however, waive their right of access to recommendations. The applicant's choice regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

☐ I do waive my rights to inspect the contents of the following recommendation.

☐ I do not waive my rights to inspect the contents of the following recommendation.

Signature of Applicant _____ Date _____

RECOMMENDATION

This section to be completed by reference respondent.

(Note: Conf dentiality of recommendations cannot be guaranteed unless applicant waives right of access.)

Directions to Respondent: The person named above is applying for admission to Indiana Wesleyan University. Please indicate ( ) the applicant's ability and professional competence in comparison with other individuals whom you have known at similar stages in their careers.

ABILITIES AND COMPETENCIES	OUTSTANDING TOP 5%	VERY GOOD TOP 10%	GOOD TOP 25%	AVERAGE	BELOW AVERAGE	INADEQUATE OPPORTUNITY TO OBSERVE OR ASSESS
General knowledge of f eld						
Interactions with others						
Ability to work in a group						
Problem-solving skills						
Critical thinking skills						
Personal responsibility						
Ethical conduct						
Oral communication skills						
Written communication skills						
Leadership skills						
Motivation and initiative						

DOCTOR OF NURSING PRACTICE

RECOMMENDATION FOR ADMISSION

continued

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please indicate your overall endorsement of the applicant for graduate studies:

☐ Recommend highly ☐ Recommend ☐ Recommend with reservation

Additional Comments _____

_____

_____

_____

_____

Name of Respondent _____

(Please print or type)

Relationship to Applicant:

☐ Former instructor ☐ Pastor ☐ Direct Supervisor

Position/Title _____

Institution/Organization _____

Address (Street, R.R., or PO Box) _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Primary Email Address _____

Signature _____ Date _____

Please return completed form to:

Indiana Wesleyan University

AES, Graduate Admissions

1900 West 50th Street

Marion, Indiana 46953-9393

866-498-4968

765-677-2601 FAX