



**Southern Connecticut State University
Ed.D. in Nursing Education
Recommendation Form**

Send to: Southern Connecticut State University, School of Graduate Studies, Application Processing Center, P.O Box 8057, Portsmouth, NH 03802

TO BE COMPLETED BY APPLICANT

Please complete the top section and deliver these forms to the three people who will write your recommendation along with three stamped envelopes that are addressed as above. Your name should appear as it appears on your Graduate School Application. It is preferred that one recommendation should be from an academic source and the other two from professional sources who can realistically evaluate your potential for success in a doctoral program.

Last Name	First Name	MI
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Note to Applicant: The Family Education Rights and Privacy Act of 1974 allows you to have access to letters of evaluation/recommendation in your permanent record file. The applicant may waive this right of access to letters of evaluation/recommendation, in which case, letters of evaluation/recommendation will be considered confidential and will not be available to the student.

[] I waive my right to access this form [] I do not waive my right to access this form

Applicant's Signature _____ Date _____

Recommender Information (To be completed by the Applicant)

NAME _____ TITLE _____

[] Professional Recommendation [] Academic Recommendation

EMPLOYER _____

MAILING ADDRESS _____

PHONE _____ EMAIL-ADDRESS _____

RELATIONSHIP TO APPLICANT _____

TO BE COMPLETED BY RECOMMENDER

Thank you for agreeing to write this recommendation letter for the above applicant. The Ed.D. Program Committee greatly appreciates your comments on the abilities of the applicant to be successful in a doctoral program and will hold your comments in confidence if the applicant has signed the above waiver.

1. How long and in what capacity have you known this applicant?

2. Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to his/her peers in the following areas:

	Unable to evaluate	Below average	Average	Above average	Truly exceptional
Creativity and originality					
Intellectual ability					
Written expression (English)					
Oral expression (English)					
Ethics and integrity					
Interpersonal skills					
Scholarship potential					
Initiative					
Motivation					
Teamwork					

3. Overall Recommendation

Please circle the number below indicating the strength of your recommendation:

Would not recommend	1	2	3	4	5	6	Strongly recommend
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4. Recommendation letter:

Please use official academic or business letterhead. The letter must be signed and dated by you. Include the applicant’s name on each page and attach the letter to this form. The above person is applying to a doctoral program in nursing education. Please write an assessment of the applicant that reflects his/her potential for success in a doctoral program, personal qualities, and achievements. Please discuss the following topics and include examples if possible;

Intellectual independence, capacity for analytical thinking, ability to organize and express ideas clearly, motivation, teaching experience, behavioral characteristics, scholarship or research experience or ability, suitability for the program

Signature _____ Date _____

Please remember to sign and date both this form and your letter of recommendation.