## **GRADUATE ADMISSIONS**



## **DOCTORAL DEGREE RECOMMENDATION FORM**

(please print or type)					
To be completed by applicant:					
Name					
(Last)  Please check the doctoral degree production of Nursing Practice (D.N.F.  □ Ph.D. in Instructional Management	P.)		iddle) Systems and Commu	ınications	
I agree the recommendation I am requ	esting shall be held in con	fidence by officials of F	obert Morris Universi	ty and I hereby waive	e any rights to examine it.
☐ Yes ☐ No					
Applicant's Signature	Date				
Provide form to recommender with envel	lope addressed to: Graduate l	Enrollment Office, Rober	t Morris University, 60	01 University Blvd., Λ	100n Township, PA 15108.
Recommender					
Title					
<u>Organization</u> Phone					
Address					
1. How long and in what capacity ha	ave you known the applica	ant?			
2. Are you aware of the applicant's a	academic record? 📮 Ye	s 🖵 No			
3. Do you feel that the applicant is p	repared academically for t	the challenges of a doc	toral degree program	? 🗓 Yes 🗓 N	Jo
4. Do you feel that the applicant is p	repared emotionally for th	ne challenges of a doct	oral degree program?	☐ Yes ☐ N	lo
	Excellent	Good	Average	Poor	Unable to judge
Written communication skills					
Oral communication skills					
Quantitative skills					
Problem-solving skills					
Decision-making skills					
Ability to work with others					
5. Do you consider the applicant's a	chievements thus far to be	e a true indication of h	s/her ability? 📮 Yes	s 🗖 No Please	explain your response:

6. Summary Evaluation. Please indicate your overall recommendation for this applicant.	
☐ Highly recommend ☐ Recommend ☐ Recommend with reservation ☐ Do not recommend	
7. Please provide a written evaluation of the applicant for the Graduate Admission Committee. Your candid assessment of the applicant's potential	
or success both academically and professionally would be most helpful to the committee in its selection process.	
MAIL THIS FORM TO GRADUATEADMISSIONS@RMU.EDU.	
Recommender's Signature	
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Moon Township, PA 15108