

DOCTORAL DEGREE RECOMMENDATION FORM

(please print or type)

To be completed by applicant:

Name _____
(Last) (First) (Middle) Soc. Sec. #

Please check the doctoral degree program to which you are applying:

- Doctor of Nursing Practice (D.N.P.) D.Sc. in Information Systems and Communications
 Ph.D. in Engineering Ph.D. in Instructional Management and Leadership

I agree the recommendation I am requesting shall be held in confidence by officials of Robert Morris University and I hereby waive any rights to examine it.

- Yes No

Applicant's Signature _____ Date _____

Provide form to recommender with envelope addressed to: Graduate Enrollment Office, Robert Morris University, 6001 University Blvd., Moon Township, PA 15108.

Recommender _____

Title _____

Organization _____ Phone _____

Address _____

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

2. Are you aware of the applicant's academic record? Yes No

3. Do you feel that the applicant is prepared academically for the challenges of a doctoral degree program? Yes No

4. Do you feel that the applicant is prepared emotionally for the challenges of a doctoral degree program? Yes No

	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					
Ability to conceptualize					

5. Do you consider the applicant's achievements thus far to be a true indication of his/her ability? Yes 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 for success both academically and professionally would be most helpful to the committee in its selection process.

Recommender's Signature _____

Date _____

To the recommender: Do not return this form to the student. Return this form to the RMU Graduate Enrollment Office using the envelope provided. If no envelope was provided by the student, return the form in a plain envelope using the address listed at right. Seal the envelope and sign it across the flap. Thank you.



Graduate Enrollment Office
6001 University Boulevard
Moon Township, PA 15108-1189
412-262-8206

www.rmu.edu