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

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<th>Skill</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Unable to judge</th>
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<td>Written communication skills</td>
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<td>Oral communication skills</td>
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<td>Quantitative skills</td>
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<td>Problem-solving skills</td>
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<td>Ability to conceptualize</td>
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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:

(over)
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