



School of Nursing and Health Professions— Doctor of Nursing Practice Program

To the Applicant:

Request a recommendation from an individual able to judge your capacity for doctoral-level work. Supply the information requested of you below; then give this form to the recommender with a self-addressed envelope to return the form to you. You are responsible for submitting the recommendation, in its sealed envelope, with your application.

Applicant's Name	Social Security Number
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Street Address	City or Town	State	Zip Code
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Under the provision of the Family Educational Rights and Privacy Act of 1974,

- I waive my right of access to this recommendation.
- I retain my right of access to this recommendation.

Failure to respond to this section will be considered a waiver of the right of access to this recommendation. The waiver is not required for admission.

Signature of Applicant	Date
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To the Recommender:

You have been selected as a reference for the applicant named above, who is applying for admission to Regis College. We would appreciate your providing us the following information in as much detail as possible. Please use the back of this form and attach an additional sheet of paper if it is necessary. Thank you for your assistance.

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

Describe the applicant's capacity for advanced study. Include, where possible, reference to academic abilities, attitude toward learning, professional goals, and experiences. Add other areas that you believe are relevant to the applicant's candidacy.

Knowing the applicant as you do, how would you summarize your advice to the Admission Committee?

- I strongly recommend that this applicant be admitted,
- I recommend that this applicant be admitted.
- I recommend with some reservation that this applicant be admitted.
- I do not recommend that this applicant be admitted.

Please return this form to the candidate in the envelope she/he has provided. Seal the envelope and sign it across the flap. The applicant will submit it, unopened, with her/his application.

Name	Signature	Date
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Position	Phone	Address
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