



W. CARY EDWARDS SCHOOL OF NURSING

Recommendation Form

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Daytime Phone Number: _____

I, _____, waive my right to review this recommendation. YES NO

Applicant's signature: _____

The above-named applicant is seeking admission to the Doctor of Nursing Practice (DNP) degree program at Thomas Edison State University in Trenton, New Jersey. We ask that you provide an assessment of the applicant's potential for success in a doctoral level academic program based on the following criteria.

	Excellent	Above Average	Average	Unable to Assess	Comments
Intellectual Ability					
Scholarly Writing Skills					
Critical Thinking Skills					
Communication Skills					
Leadership Potential					
Reliability					

How long have you known the applicant? _____

In what capacity have you known the applicant? (e.g., Healthcare Supervisor, Faculty, Professional Colleague)

Please attach a letter of recommendation for the applicant elaborating on your professional relationship with the applicant and why you believe the applicant will be successful in a doctoral level academic nursing program. The letter of recommendation must be dated, hand-signed and submitted on organizational letterhead. Electronic signatures without a hand-written signature will not satisfy the School of Nursing requirements. Please email this form and the letter of recommendation to gradadmissions@tesu.edu.

Name of person submitting this recommendation (please print): _____

Signature: _____ Date: _____