

Doctor of Education in Educational Leadership, Doctor of Philosophy in Nursing, & Doctor of Nursing Practice Recommendation Form

To the applicant: This form is important in your admission to doctoral studies. Please complete your parts as directed BEFORE giving this form to the recommender. Provide each recommender with a stamped envelope, or email address to the Graduate Admissions Office contact information indicated above.

Family Education Rights and Privacy Act (FERPA) Buckley Amendment

Under the provision of this Act you have the right, if you enroll in Wilkes, to review your education record. The Act further provides that you may waive your right to see this recommendation for admission. Please indicate whether you wish to waive that right or not by checking the appropriate phrase and signing your name.

_____ I waive _____ do not waive any right that I have to this recommendation form.

Applicant's Signature: _____

Applicant's Printed Name: _____

Print the recommender's name and title or position:

This recommender is serving as a reference for:

ACADEMIC	PROFESSIONAL	LEADERSHIP	WORK
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Applicant – Do not write below this line.

To the Recommender: You are completing a recommendation focusing primarily on the applicant's

___ACADEMIC ___PROFESSIONAL ___LEADERSHIP WORK

1. How long have you known the applicant? _____ Less than one year _____more than one year

2. How well do you know the applicant? _____ casually _____ fairly well _____ very well

3. In what capacity have you known the applicant?

4. Please rate the applicant on the indicators listed below using the following scale:

Criteria	4 Exceptional	3 Above Average	2 Average	1 Below Average	Unable to Rate
a. Previous academic work					
b. Potential for doctoral level work					
c. Ability to work independently					
d. Ability to communicate in writing					
e. Ability to communicate verbally					
f. Goal-oriented work ethic					
g. Professional and ethical behavior					
h. Leadership potential					

5. If you alone were making the decision to accept this applicant as a doctoral student, which of the following would best describe your decision (CHECK ONE)?

- ____ Accept will likely complete the degree at an adequate level (2.0)
- _____Accept with reservations—please note concerns below (1.0)
- ____ Do not accept--please explain below (0)

6. **Optional:** You may write a few sentences below on your estimate of the applicant's potential for successful completion of the doctoral program and your opinion of his or her likely performance as a leader in the profession once the degree is completed. Statements about the candidate's intellectual ability, initiative, stability and maturity, character and integrity, and interpersonal effectiveness are particularly important for persons applying to our programs.

Signature:	Date
Printed Name:	
Position:	
Institution/Agency:	
Address:	
Office Phone:	
Email:	