

# GRADUATE ADMISSIONS



## DOCTORAL DEGREE RECOMMENDATION FORM

(please print or type)

To be completed by applicant:

Name \_\_\_\_\_  
(Last) (First) (Middle)

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 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					

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.



6001 University Boulevard  
Moon Township, PA 15108  
800-762-0097

**RMU.EDU/GRAD**