

**The University of Texas School of Nursing at Houston
Applicant Letter of Reference for Doctoral Programs**

Instructions to the applicant:

Complete items 1-3, print the form, sign it, then send it to the recommender for completion. The finished form and letter can be sent in a sealed envelope with your application for admissions or mailed directly to this address: Office of the Registrar: The University of Texas Health Science Center at Houston, P.O. Box 20036, Houston, Texas 77225-0036.

NOTE: Make sure your recommender is aware of the application deadline.

1. Provide 10 Digit Student ID

2. Projected entrance year into the program:

3. Name (last, first, middle) - as it appears on the application for admission.

I understand that federal legislation provides me with a right of access to his recommendation after I matriculate; while this right may be waived, no school or person can require me to waive this right.

Check one of the following statements:

I hereby **WAIVE** my right of access to this recommendation

I **DO NOT WAIVE** my right of access to this recommendation

Applicant's Signature

Date

Instructions for the Recommender - The above named applicant is requesting that you serve as a reference for his/her application to The University of Texas School of Nursing at Houston. To assist us in evaluating his/her application, please complete this form and return it to the address noted at the top of this page. All completed forms will be treated confidentially.

Because this is an applicant-managed process, you should seal the completed recommendation in an envelope, sign the envelope flap, and return it to the applicant. The applicant will forward it to the doctoral program with his/her application packet. All completed forms will be treated confidentially.

4. Please rank the applicant on the following areas:

	No basis for judgement	Below Average (Lowest 40%)	Average (Middle 20%)	Good (Next 15%)	Very Good (Next Highest 15%)	Outstanding (Highest 10%)	Truly Exceptional
Critical thinking and reasoning ability							
Capacity for independent and original thinking							
Leadership ability							
Effectiveness of written communication							
Effectiveness of oral communication							
Self-direction and initiative							
Skill in handling problems constructively							
Ability to work cooperatively with others							
Emotional maturity							
Tolerance of ambiguity							
Reliability and conscientiousness							
Clinical expertise and interest							
Perseverance in pursuing goals							
Personal and intellectual integrity							
Potential as a researcher							

5. How long have you known this applicant? Include dates.

6. In what capacity have you known the applicant?

- Teacher
 Advisor
 Supervisor
 other (please specify) _____

7. Where would you place the applicant on the following scale?

- Not recommended for doctoral study
 Unsure of ability to perform doctoral study
 Recommended for doctoral study

Please enclose a letter describing your assessment of the applicant's strengths, qualities and skills in relation to his/her scholarly potential and promise for advanced and original work. Indicate areas in which this applicant will need to strengthen skills or abilities. If possible, provide specific examples of the applicant's strengths and weaknesses.

Name (Type or Print)

Institution

Signature

Address—Line 1

Position or Title

Address - Line 2 (if needed)

Phone Number