



EMU School of Graduate and Professional Studies
 emu.edu/dnp | Email: dnp@emu.edu
 Phone: 540-432-4187

SCHOOL OF GRADUATE & PROFESSIONAL STUDIES

**Evaluation of Applicant’s Performance and Potential
 Graduate Program in Nursing**

To the recipient:
 Doctor of Nursing Practice
 Eastern Mennonite University
 1200 Park Rd
 Harrisonburg, VA 22802

To the applicant:
 Please complete the upper portion of the evaluation form.
 Give a form to three persons familiar with your academic
 and/or employment record. (See admission requirements
 for more details.)

Applicants to Eastern Mennonite University are selected in accordance with nondiscriminatory practice.

Name of applicant: _____
Last *First* *Middle or Birth Name*

Address: _____
Street/Route/Post office box *City* *State/Province* *ZIP/Postal code* *Country*

Pursuant to federal law, a student admitted to the Department of Nursing is entitled to inspect the evaluation in his/her file, unless the student has signed a waiver of this right of access. However, the department does not require a waiver as condition for admission, receipt of financial aid or receipt of any other services or benefits from the department. Applicants submitting names of individuals for letters of recommendation, therefore, are free to determine whether or not they wish to waive their potential right to examine such evaluations.

Waiver

The Family Education Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. This right, which we request that you waive, would arise if you were an enrolled student at Eastern Mennonite University and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to the Eastern Mennonite University Department of Nursing. If you elect to waive your rights of access to and review of this information, please sign your name.

Date *Applicant’s signature*

Evaluator’s name: _____ Position: _____

Address: _____

Phone: _____ Email: _____

The named applicant is a candidate for admission to the Eastern Mennonite University Doctor of Nursing Practice program. We would appreciate your evaluation of the applicant’s performance and potential for success in an advanced role in nursing. Your comments will be used by the faculty members of the Department of Nursing to help them arrive at a better understanding of the applicant. Your cooperation in completing and promptly returning this form will assist both the applicant and the Department of Nursing.

How long have you known the applicant? _____ In what capacity? _____

In comparison with other students you have taught or other employees with whom you have worked or supervised, place an "X" in the box that most accurately reflects how you rate the applicant in the following characteristics:

	Outstanding	Very good	Average	Below average	Unable to evaluate
Critical thinking skills					
Interpersonal skills					
Clinical proficiency					
Nursing leadership					
Perseverance in pursuing goals					
Ability to work independently					
Ability to collaborate					
Communication skills					
Integrity					
Judgment					

Please comment on the applicant's academic performance, accomplishments, clinical leadership and professional character.

Do you think this applicant is prepared to succeed in graduate studies in nursing? Yes No

Please explain: _____

Additional comments: _____

If desired, a separate sheet of paper with additional comments may be attached.

Please indicate the confidence with which you would or would not recommend the applicant for admission to the Graduate Program in Nursing at Eastern Mennonite University.

Strongly recommend Recommend Recommend with reservations Do not recommend

If the applicant's signature appears at the end of the paragraph identified as "waiver" on the reverse side of this form, you can be assured that your evaluation will not be reviewed by the applicant. If the applicant has not signed the waiver and enrolls in the Eastern Mennonite University Department of Nursing, then the applicant will have the right to review your evaluation upon request.

Date _____ Signature _____ Print Name _____