Applicant, please complete the following and sign.

Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) signed into law December 31, 1974, I, ______________________________________, do ___________ waive my right of access to inspect and review this and other recommendation forms upon completion. _____________________________________________ Applicant's signature

Evaluator: Thank you for your evaluation of this applicant. The applicant's file will not be further considered until we receive this form, and we ask that you return it as soon as possible. It is important that you answer each question. If additional space is needed, please use the space for additional comments on the reverse side or attach an additional page. Again, thank you for your feedback.

1. Applicant's name (please print) ___________________________________________________________________

2. How long have you known the applicant __________________________________________________________________

3. Please rate the applicant's abilities in the following areas using the scale below.

<table>
<thead>
<tr>
<th>Judgments</th>
<th>4 = Outstanding; 3 = Above Average; 2 = Average; 1 = Below Average; 0 = Poor; N = No basis for judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judgment</td>
<td>—common sense, decisiveness, considers alternative solutions, able to accept suggestions</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>—nonabrasive, firmness in stating position</td>
</tr>
<tr>
<td>Knowledge of, and Interest in, Nursing</td>
<td>—depth of commitment</td>
</tr>
<tr>
<td>Oral Expression</td>
<td>—clarity, articulates position well</td>
</tr>
<tr>
<td>Initiative</td>
<td>—self-starter, independent, needs little or no supervision</td>
</tr>
<tr>
<td>Mood Stability</td>
<td>—performs well under pressure, level-headed, adjusts to situations</td>
</tr>
<tr>
<td>Demeanor</td>
<td>—warm, responsive to others' moods, positive</td>
</tr>
<tr>
<td>Industry</td>
<td>—perseverance, endurance, works hard</td>
</tr>
<tr>
<td>Reliability</td>
<td>—dependability, you can count on him or her</td>
</tr>
<tr>
<td>Leadership</td>
<td>—earns respect by example, others turn to him or her for direction, steps in to organize</td>
</tr>
<tr>
<td>Integrity</td>
<td>—practices high principles without evoking moral antagonism, morally consistent</td>
</tr>
<tr>
<td>Self-understanding</td>
<td>—knows own strengths, knows and works on weaknesses</td>
</tr>
<tr>
<td>Openness</td>
<td>—shares his or her feelings, seeks advice of others</td>
</tr>
<tr>
<td>Personal Appearance</td>
<td>—appropriate for whatever occasion arises, neatness</td>
</tr>
<tr>
<td>Inquisitiveness</td>
<td>—eager to learn, curious</td>
</tr>
<tr>
<td>Cooperation</td>
<td>—ability to work with others</td>
</tr>
<tr>
<td>Written Communication</td>
<td>—clear, concise</td>
</tr>
</tbody>
</table>

4. If you wish, please use this space to explain any of your ratings in question one or to comment on other aspects of the applicant's character and personality.

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________
5. In daily interactions with others, the applicant tends to be:
   □ strongly introverted  □ mildly introverted  □ mildly extroverted  □ strongly extroverted

6. What do you feel are the applicant’s major strengths that will enhance his or her professional effectiveness with the Doctor of Nursing Practice degree?
   __________________________________________________________
   __________________________________________________________

7. What do you feel are the applicant’s weaknesses?
   __________________________________________________________
   __________________________________________________________

8. If you were a member of the admissions committee, how would you rate this candidate?
   □ I would highly recommend this applicant.
   □ I would recommend this applicant.
   □ I would recommend this applicant, but with some reservation.
   □ I would not be able to recommend this applicant.

9. What is your relationship to the applicant? (Check the category that is most appropriate.)
   □ preprofessional/major adviser
   □ science professor
   □ other professor
   □ nurse
   □ employer
   □ other

10. Additional comments.
    __________________________________________________________
    __________________________________________________________

   Name____________________________________________________

   Address ____________________________________________ Telephone ____________________________
   Number                             Street                        (9:00 a.m.–5:00 p.m. for confirmation purposes)
   City                                State                          ZIP

   Signed ____________________________ Date _______________________

Please return form to:
Nova Southeastern University
Enrollment Processing Services (EPS)
Attn: Doctor of Nursing Practice Program
3301 College Avenue
P.O. Box 299000
Fort Lauderdale, FL 33329-9905