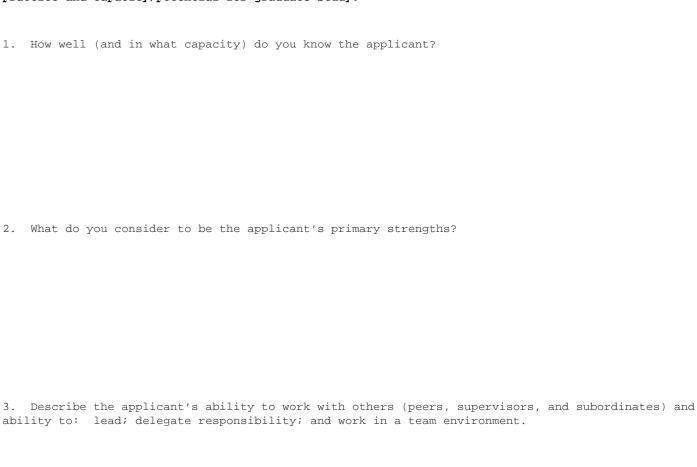
The University of Iowa College of Nursing Post Graduate Certificate Recommendation Form

Applicant's Name:

The candidate listed above is applying to The University of Iowa's Post Graduate Certficate Program. Your cooperation in completing the questions below will be very valuable to us in considering this candidate for admission. Please answer the following questions and make a detailed and candid statement to assist us in judging the applicant's professional nursing practice and capacity/potential for graduate study.



4. What is your overall assessment of the applicant's potential for a nursing?	career in advanced practice
5. Give an example of the applicant's ability to take initiative which demonstrates the capacity and potential for graduate study.	h, in your estimation,
Thank you for your willingness to provide this assessment. This recommendation is a component of the application, so a prompt return is important. Please send this document to nursing-graduateprogram@uiowa.edu.	
Appraiser's Name:	
Telephone Number:	
If we need a clarification, may we contact you? Yes No	
Signature	Date: