



HILLMAN SCHOLARS PROGRAM IN NURSING INNOVATION RECOMMENDATION FORM

Section 1 to be completed by the applicant

Applicant Name: _____

Type of Recommender:

Academic: At least two letters of recommendation are needed from faculty members whose class you have taken. Choose faculty familiar with your intellectual ability, academic achievement, research potential, and professional commitment.

Character: The third reference must be submitted by an individual who knows you sufficiently that he/she can speak to your character and ability to persevere through an intense 5 year program of study.

Name of Recommender: _____

In accordance with The Family Education Rights and Privacy Act of 1974, materials in student's files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by compiling and signing the statement below. Your right to review the recommendation is considered waived if you do not respond.

I hereby: waive my right to access retain my right to access

Section 2 to be completed by the recommender

You have been selected to recommend the above named applicant. Please make note of the type of recommendation for which you have been selected and formulate your comments accordingly.

You are welcome to create a separate document for the recommendation, but please be sure to complete the bottom portion of this form to be included with your letter.

Ranking compared to students in comparable fields

: Top 2% Top 10% Top 25% Top 50% Unable to Rank

Recommender's Name: _____ Credentials: _____

Position or Title: _____ Institution: _____

Address: _____

Phone: _____ Email: _____

I certify that the information provided herein is complete and accurate. Date: _____

Please submit recommendations by the deadline specified [online](#) to hillman@unc.edu.