

Methodist Advancement into Professional Practice Program

Faculty Recommendation

INSTRUCTIONS: **Two** Faculty Recommendation forms must be completed by your clinical instructors or a nursing program instructor who can speak to your performance. Both recommendation letters must be uploaded in the application to be considered.

_____ is applying for a MAPP position with Houston
(PRINT STUDENT NAME **AND** UNIVERSITY)

Methodist Hospital. Part of the application process is for the student to obtain recommendations from two of their clinical instructors. In an attempt to make the process easier, we have developed this form for faculty recommendations. Please complete the recommendation so that this student can be considered for acceptance to the Methodist Advancement into Professional Practice Program (MAPP).

Rate the student according to the following criteria:

It is my opinion that this student:

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Is an independent adult learner	1	2	3	4
2. Is self-motivated	1	2	3	4
3. Is reliable	1	2	3	4
4. Knows when to ask for assistance	1	2	3	4
5. Has a strong work ethic	1	2	3	4
6. Is a good candidate for this program	1	2	3	4
7. Is in fine academic standing in my class	1	2	3	4

Please provide a short 2-3 sentence statement as to why this student should be selected:

Instructor Name: _____

Date: _____

Instructor Signature: _____

*****Web or virtual signatures will not be accepted.**

Thank you for your time and effort.

Please upload this completed form within the application, by the application deadline of October 18, 2024.