

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dean/Director Certification**

**This form must be completed by the Dean/Director/Chair or Faculty Advisor at the school that you are attending. Print out this form and submit it to the proper representative for completion.**

The above named student is applying for a Promise of Nursing Regional Faculty Fellowship. This program is for baccalaureate prepared nurses who are looking to pursue a career in nursing education. Please complete the following information:

Is the student preparing for the nurse educator role? 🞎 Yes 🞎 No

What is the student’s GPA (on a 4.0 scale)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Status:**

• Expected Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mm/yy)

* If doctoral student, expected Date of Dissertation Proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mm/yy)

Expected Date of Dissertation Defense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mm/yy)

* If DNP Student, Capstone Project Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mm/yy)

Please write a brief state including, but not limited to, the student’s academic standing, expectation to succeed in the program; scholarship and professional activities, attributes that support the student’s anticipated career goal to become a nurse educator. If necessary, please use another page.

I hereby certify that I have answered the questions to the best of my knowledge and recommend this student for consideration or the Promise of Nursing Regional Faculty Fellowship.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_