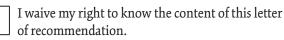


School of Medical Technology Letter of Recommendation

Student information

| Las | nan | ne ai | nd n | naid | en n | ame | ! | | | | | | | | | | | | | | |
|-------------------|-----|-------|------|------|------|-----|---|--|--|--|--|------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | |
| First name Initia | | | | | | | | | | | | tial | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

Right of access to the information



I do not waive my right to know the content of this letter of recommendation.

Signature of student applicant

About the person writing the recommendation

| Last name and maiden name | | | | | | | | | |
|---|-------------|-------|----------|--|--|--|--|--|--|
| | | | | | | | | | |
| First name | | | Initial | | | | | | |
| | | | | | | | | | |
| Position | Institution | | | | | | | | |
| | | | | | | | | | |
| Mailing address | | | | | | | | | |
| Neighborhood or Building | | | | | | | | | |
| | | | | | | | | | |
| Number, Street | | | | | | | | | |
| | | | | | | | | | |
| City | | State | Zip Code | | | | | | |
| | | | | | | | | | |
| Home Phone (optional) Mobile Phone (optional) | | | | | | | | | |
| | | | | | | | | | |
| *Electronic Address (required) | | | | | | | | | |
| | | | | | | | | | |



School of Medical Technology Letter of Recommendation

Please fill out this side of the form and mail it directly to the following address:

Pontifical Catholic University of Puerto Rico School of Medical Technology Admissions Committee 2250 Boulevard Luis A. Ferré Aguayo, Suite 588

2250 Boulevard Luís A. Ferré Aguayo, Suíte 58 Ponce. PR 00717-9997

| I have known the applicant for: | I was the applicant's: Professor in a course | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| | Professor in various courses | | | | | | | | | |
| | Director of his/her department | Director of his/her department or specialization | | | | | | | | |
| | Immediate supervisor |] Immediate supervisor | | | | | | | | |
| | Other, please specify: | | | | | | | | | |
| I can truthfully say | Leadership | Reading comprehension (English) | | | | | | | | |
| Write the number that best describes each statement. | Intellectual capacity | Responsibility | | | | | | | | |
| [5] Exceptional (among best you have know during your professional life.) | Motivation and perseverance to reach his/her goals | Probability of success in our program | | | | | | | | |
| [4] Excellent (among the best in his/her group-top 10%) | Ability to carry out independent work | Works accurately and without delay | | | | | | | | |
| [3] Good (abovev average- from 11- 20 %) | Canacity to work in groups | General evaluation | | | | | | | | |
| [2] Average (from 21- 30%) | Capacity to work in groups | | | | | | | | | |
| [1] Poor (<20%) | Laboratory skills | | | | | | | | | |
| [8] Not observable | Analytical ability | | | | | | | | | |
| [9] Not applicable | Ability to cope under stressful, unusual or difficult situations | | | | | | | | | |

Additional comments

Please provide any comments or suggestions that can help the Admissions Committee in the evaluation of the candidate.