





# 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  
 Ponce. PR 00717-9997

**I have known the applicant for:**

		_____
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**I was the applicant's:**

- Professor in a course \_\_\_\_\_
- Professor in various courses
- Director of his/her department or specialization
- Immediate supervisor
- Other, please specify: \_\_\_\_\_

**I can truthfully say...**

Write the number that best describes each statement.

- [ 5 ] Exceptional  
(among best you have know during your professional life.)
- [ 4 ] Excellent  
(among the best in his/her group-top 10%)
- [ 3 ] Good (above average- from 11- 20 %)
- [ 2 ] Average (from 21- 30 %)
- [ 1 ] Poor (<20%)
- [ 8 ] Not observable
- [ 9 ] Not applicable

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Leadership</li> <li><input type="checkbox"/> Intellectual capacity</li> <li><input type="checkbox"/> Motivation and perseverance to reach his/her goals</li> <li><input type="checkbox"/> Ability to carry out independent work</li> <li><input type="checkbox"/> Capacity to work in groups</li> <li><input type="checkbox"/> Laboratory skills</li> <li><input type="checkbox"/> Analytical ability</li> <li><input type="checkbox"/> Ability to cope under stressful, unusual or difficult situations</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Reading comprehension (English)</li> <li><input type="checkbox"/> Responsibility</li> <li><input type="checkbox"/> Probability of success in our program</li> <li><input type="checkbox"/> Works accurately and without delay</li> <li><input type="checkbox"/> General evaluation</li> </ul> |
|---|---|

**Additional comments**

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

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature