

Student information

Last name and maiden name

First name

Initial

Right of access to the information

I waive my right to know the content of this letter of recommendation.

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

Additional comments

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

Date

Signature