

## Letter of Reference – Program in Biomedical Sciences

### INSTRUCTIONS TO THE APPLICANT:

You **are** responsible for completing this part of the form. This page must be presented to a faculty member from your institution, who can complete the recommendation. **Please, request that the letter of reference is sent directly to the Admissions Office as early as possible.**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Institution: \_\_\_\_\_

### Privacy Act

- I waive my right to the information in this document
- I do not waive my right to the information in this document

\_\_\_\_\_  
Applicant's Signature

**INSTRUCTIONS TO THE REFERRING FACULTY:** This student is applying for admission to the Universidad Central del Caribe. We will appreciate you sharing with us information about the applicant that will provide to our Admissions' Committee with a profile that may qualify him or her as a candidate to pursue studies in a Graduate Education Program. In addition to the specified information requested, please feel free to include any other information that further describes the candidate. This form should be sent as early as possible directly to: Universidad Central del Caribe, Admissions Office, PO Box 60327, Bayamón PR 00960-6032.

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Applicant's name:

Please answer each of the following questions. Make a check mark (✓) on the appropriate box and provide any additional comments on the lines below.

1. How well do you know the applicant?

- Very well     Fairly well     Slightly well

For how long? \_\_\_\_\_

2. In what capacity have you been associated with the student?

- Instructor     Employer     Other: \_\_\_\_\_

3. How do you evaluate the intellectual ability of the applicant to pursue graduate studies? (clarity of thinking, speed of learning, works logically and systematically)

- Excellent     Very Good     Good     Poor     Unable to evaluate

Comments: \_\_\_\_\_

4. How do you evaluate his/her motivation and initiative to pursue graduate studies? (commitment, dedication and if devotes time and energy to all duties)

- Excellent     Very Good     Good     Poor     Unable to evaluate

Comments: \_\_\_\_\_

5. How do you evaluate his/her interpersonal relations? (exhibits respect and understanding of other, ability to get along with others, rapport, cooperation)

- Excellent     Very Good     Good     Poor     Unable to evaluate

Comments: \_\_\_\_\_

6. How do you evaluate his/her communication skills? (clarity of expression and makes self understood)

- Excellent     Very Good     Good     Poor     Unable to evaluate

Comments: \_\_\_\_\_

7. How do you evaluate his/her level of responsibility? (dependability, promptness, conscientiousness)

- Excellent     Very Good     Good     Poor     Unable to evaluate

Comments: \_\_\_\_\_

8. How do you evaluate his/her level of maturity? (ability to cope with life situations, capacity to achieve and awareness of own strengths and weaknesses)

- Excellent     Very Good     Good     Poor     Unable to evaluate

Comments: \_\_\_\_\_

9. Please check your overall evaluation of the applicant for a profession in health care:

- Excellent     Very Good     Good     Poor     Unable to evaluate

**Additional Comments:** The Graduate Studies Admission Committee is interested in knowing of any other characteristics of the applicant which you have observed such as leadership skills, participation in intra/extra curricular activities and degree of social awareness commitment.

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Signature: \_\_\_\_\_

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

Name & Title of Referring Faculty: \_\_\_\_\_

Department and/or subject taught: \_\_\_\_\_

Address of Referring Faculty: \_\_\_\_\_

Telephone number where you can be reached: \_\_\_\_\_