

Letter of Reference – School of Medicine

INSTRUCTIONS TO THE APPLICANT:

You **must** be responsible to complete this part of the form. This page must be presented to a faculty member of your institution, who can complete the recommendation. **Please, request that this be sent directly to the Admission Office as early as possible.**

Applicant's Name: _____

Applicant's Address: _____

Applicant's Institution: _____

Privacy Act

I hereby waive my right to the information in this document.

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

Applicant's Signature

AAMC ID

INSTRUCTIONS TO THE REFERRING FACULTY: This student is applying for admission to the Universidad Central del Caribe. We will appreciate you may share with us information about the candidate that will provide to our Admission's Committee with a profile of the applicant that may qualify him/her as a candidate to pursue studies in a Medical Education Program. In addition to the specified information requested, please feel free to include any other information that further describes the candidate. It is important that you also complete your information at the end of the form so we can communicate with you if it becomes necessary.

This form should be sent as early as possible directly to: Universidad Central del Caribe, Admissions Office, PO Box 60327, Bayamón PR 00960-6032.



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**

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 medical 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 medical 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, articulateness, understanding)

- 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 you **overall evaluation** of the applicant for a profession in health care:

- Excellent** **Very Good** **Good** **Poor** **Unable to evaluate**

Additional Comments. The Medical School 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.

Referring Faculty Signature: _____

Date: _____

Printed Name & Title of Referring Faculty: _____

Department and/or subject taught: _____

Address of Referring Faculty: _____

Telephone number where you can be reached: _____