



Admission's Office
PO Box 60327
Bayamón Puerto Rico 00960-6032

Letter of Reference –Doctor of Chiropractic Program

INSTRUCTIONS TO THE APPLICANT:

You **are** responsible for completing this part of the form. Present this page to a faculty member from your institution, who can complete the recommendation. **Please, request that the letter of reference be 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 the Doctor of Chiropractic Program. In addition to the specified information requested, please feel free to include any other information that further describes the candidate. Send this form as early as possible directly to: Universidad Central del Caribe, Admissions Office, PO Box 60327, Bayamon 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**

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 a Doctor of Chiropractic degree? (clarity of thinking, speed of learning, works logically and systematically)

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

Comments: _____

4. How do rate his/her motivation and initiative to pursue a Doctor of Chiropractic degree? (commitment, dedication and if devotes time and energy to all dufies)

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

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

Additional Comments: The Doctor of Chiropractic 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.

An additional letter can be attached to this form in order to provide further information about the applicant.

Signature: _____

Date: _____

Name & Title of Referring Person: _____

Department and/or Office: _____

Address of Referring Person: _____

Telephone number where we can reach you: _____