

Letter of Reference

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 is send directly to the Admissions Office as early as possible.**

Applicant's Name: _____

Applicant's Email: _____

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 School of Medicine. In addition to the specified information requested, please feel free to include any other information that further describes the candidate. **Upload this form as early as possible directly to AMCAS**

Applicant's Name: _____ Institution: _____

In what capacity have you been associated with the applicant? _____

How well do you know the applicant? Very Well Fairly well Slightly well

For how long to you know the applicant: _____

PART A

Performance Scale: Use the following descriptive Scale to share information about the performance of the student in the different criteria listed below:

LEVEL 5: Exceptional Performer	Consistently exceeds expectations, always stands out among other students
LEVEL 4: Excellent Performer	Always meets the expectations and sometimes stands out among other students.
LEVEL 3: Solid Performer	Always meets expectations, and in rare occasions stands out among other students.
LEVEL 2: Low Performer	Usually below expectations and never stands out among other students.
LEVEL 1: Performance Problem	Consistently below expectations.

	LEVEL 5 Exceptional Performer	LEVEL 4 Excellent Performer	LEVEL 3 Solid Performer	LEVEL 2 Low Performer	LEVEL 1 Performance Problem	Unable to evaluate or Not observed
Academic Performance						
Discipline						
Ability to Work independently						
Attendance						
Ability to accept criticism or feedback						
Emotional Balance (Mood Stability)						
Communication Skills (Written/Verbal)						
Motivation						
Leadership						
Perseverance and Resiliency						
Interpersonal Relations						
Maturity (personal development)						
Reliability & Dependability						
Ethical and Social Values (honesty, integrity, fortitude, respect)						
Overall Evaluation						

PART B

ADDITIONAL INFORMATION (to be filled if apply):

Academic Highlights: _____

Extracurricular Activities: _____

Noteworthy Characteristics: _____

Additional Comments: _____

Name & Title of referring faculty/person: _____

Department/Office: _____

Telephone number: _____

Email: _____

Signature: _____