



Medical Imaging Technology Program - Reference Letter

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| <input type="checkbox"/> Associate in Radiology Technology Program | <input type="checkbox"/> Post Associate Certificate in Computerized Tomography |
| <input type="checkbox"/> Bachelor of Science in Diagnostic Images | <input type="checkbox"/> Post Associate Certificate in Magnetic Resonance |
| <input type="checkbox"/> Post Associate Certificate in Diagnostic Medical Sonography | <input type="checkbox"/> Post Associate Certificate in Interventional Radiology and Angiography |
| <input type="checkbox"/> Post Associate Certificate in Mammography | <input type="checkbox"/> Post Associate Certificate in Vascular Sonography |

INSTRUCTIONS TO THE APPLICANT:

- You **are** responsible for completing the first page (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. It can be sent by either email or regular mail**

Email: admissions@uccaribe.edu

Regular mail: Universidad Central del Caribe/Admissions Office/PO Box 60327/Bayamon, PR 00960-6032.

Applicant's Name: _____

Applicant's Address: _____

Institution: _____

Privacy Act

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

Applicant's Signature

EVALUATOR INFORMATION:

Name: _____

Title: _____ Department and/or Office: _____

Email: _____

Telephone number: _____

Address: _____



INSTRUCTIONS TO THE REFERRING EVALUATOR:

- This student is applying for admission to the Universidad Central del Caribe. We will appreciate your sharing with us information about the applicant that will be provided to our Admissions Committee, with a profile that may qualify him or her as a candidate to pursue studies in the Medical Imaging Technology Program.
- In addition to the specified information requested, please feel free to include any other information that further describes the candidate. To this end, you may feel free to add an additional written letter if you include an official letterhead, your information, and signature.
- Send this form as early as possible or before the deadline. You may send it directly to the Universidad Central del Caribe Admissions Office, either by email or by mail. Please refer to the first page to see the respective addresses.
- Please answer each of the following questions. Make a check mark (✓) on the appropriate box and provide any additional comments on the lines below.

Question	Excellent	Very Good	Good	Poor	Unable to evaluate
1. How do you evaluate the intellectual ability of the applicant to pursue a health-related degree? (clarity of thinking, speed of learning, work logically and systematically)					
2. How do you rate his/her motivation and initiative to pursue a health-related degree? (commitment, dedication, and devote time and energy to all duties)					
3. How do you evaluate his/her interpersonal relations ? (exhibits respect and understanding of others, ability to get along with others, rapport, cooperation)					
4. How do you evaluate his/her communication skills ? (clarity of expression and make self-understood)					
5. How do you evaluate his/her level of responsibility ? (dependability, promptness, conscientiousness)					
6. How do you evaluate his/her level of maturity ? (ability to cope with life situations, capacity to achieve, and awareness of one's own strengths and weaknesses)					
7. Please check your overall evaluation of the applicant for a profession in health care:					

Additional Questions:

1. How well do you know the applicant? Very Well Fairly Well Slightly Well
2. In what capacity have you been associated with the applicant? _____
3. For how long you have known the applicant: _____

