

THIS SIDE TO BE FILLED BY THE STUDENT APPLICANT.

Student information

Last name and maiden name

First name

Initials

Graduate Program

Right of access to the information

I waive my right to know the content of this letter of recommendation.

I do not waive my right to know the content of this letter of recommendation.

Signature of student applicant

About the person writing the recommendation

Last name and maiden name

First name

Initials

Position

Institution

Mailing address

Neighborhood or Building

Number, Street

City

State

Zip Code

Home Phone

Mobile Phone

TO WHOM IS MAKING THIS RECOMMENDATION:

Please fill out this side of the form and mail it directly to the campus of your interest:

PONCE CAMPUS
Office of Admissions
Pontifical Catholic University of Puerto Rico
2250 Boulevard Luis A. Ferre Aguayo, Suite 584,
Ponce, PR 00717-9997

MAYAGUEZ CAMPUS
Office of Admissions
Pontifical Catholic University of Puerto Rico
PO Box 1326
Mayaguez, PR 00681-1326

ARECIBO CAMPUS
Office of Admissions
Pontifical Catholic University of Puerto Rico
PO Box 144045
Arecibo, PR 00614-4045

I have known the applicant for:

(weeks, months, years)

I was the applicant's:

- | | |
|---|---|
| <input type="checkbox"/> Professor in a course | <input type="checkbox"/> Guidance Counselor |
| <input type="checkbox"/> Professor in various courses | <input type="checkbox"/> Immediate supervisor |
| <input type="checkbox"/> Director of his/her department or specialization | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Academic Counselor | |

I can truthfully say...

Read the list at right and write the number that best describes each statement.

[5] Exceptional

(among the best you have known during your professional life)

[4] Excellent

(among the best in his/her group - top 10%)

[3] Good (above average - from 11 - 20%)

[2] Average (from 21 - 30%)

[8] Not observable

[9] Not applicable

- | | |
|---|---|
| <input type="checkbox"/> Knowledge of his/her field of specialization | <input type="checkbox"/> Skill in oral expression (English) |
| <input type="checkbox"/> Intellectual capacity | <input type="checkbox"/> Responsibility |
| <input type="checkbox"/> Motivation and perseverance to reach his/her goals | <input type="checkbox"/> Probability of success in graduate studies |
| <input type="checkbox"/> Ability to carry out independent work | <input type="checkbox"/> Skill in written expression (Spanish) |
| <input type="checkbox"/> Capacity to work in groups | <input type="checkbox"/> Skill in written expression (English) |
| <input type="checkbox"/> Ability to do research | <input type="checkbox"/> General evaluation |
| <input type="checkbox"/> Analytical ability | |
| <input type="checkbox"/> Skill in oral expression (Spanish) | |

Additional comments

Please provide any comments or suggestions that can help the Admissions Committee in the evaluation of the candidate.

Date

Signature