

**UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
GRADUATE STUDIES - BIOMEDICAL SCIENCES
Central Office of Admissions
P. O. BOX 365067
SAN JUAN, PUERTO RICO 00936-5067
Tel. (787) 758-2525 Ext. 5214
Fax (787) 282-7117**

APPLICANT'S NAME AND ADDRESS

Social Security Num.: _____

Student Num. (UPR System) _____

To be completed by the applicant:

Last Name	First Name	Middle Name
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The Family Educational Rights and Privacy Act (20 United States Code 1252 (g)) provides that each applicant will have right of access to his or her letters of recommendation. Check one below and sign the appropriate statement.

I hereby waive my right of access to the information provided in this evaluation. In waiving this right of access, I understand that this completed form will be held in confidence from me by the University of Puerto Rico.

I do not waive my right of access to this evaluation.

Date _____ Signature _____

The above student is applying for admission to the Graduate Program in the Department of _____ at the Medical Sciences Campus of the University of Puerto Rico, and has given your name as a reference. The Graduate Committee would appreciate your frank opinion of this student on the form attached.

In selecting applicants to the Graduate Program, the Graduate Committee depends very much on evaluations of the applicants supplied by undergraduate faculty members. We are anxious to select individuals whose accomplishments, personal attributes, and abilities indicate that they have the greatest potential for Graduate training, teaching and research, therefore, we ask that you provide a thoughtful and complete frank appraisal of the applicant in relation to other undergraduate students you have known at your institution. If you do not know the applicant well enough to complete this form, please notify him/her and return the form. Your early reply is appreciated, since the applicant will not be evaluated without your appraisal.

This form included a section in which to check responses, a narrative comments portion, and summary evaluation question. Please complete each one.

LETTER OF EVALUATION

Name of Student _____ Soc.Sec. Number _____

I. A. In what capacity have you been associated with the student?

1. Instructing: ___ Lecture ___ Laboratory ___ Seminar _____

Specify course (s): _____

2. ___ Academic Advising

3. ___ Socially

4. ___ Other (Please specify)

5. ___ Not Acquainted

B. How well do you know the applicant?

1. _____ Very well

2. _____ Fairly well

3. _____ Slightly

C. How long have you known the applicant? _____

D. What would be your attitude toward having this student in a responsible position under your direction?

- 1. _____ Definitely would want him/her
- 2. _____ Would want him/her
- 3. _____ Would be satisfied to have him/her
- 4. _____ Would prefer not to have him/her
- 5. _____ Definitely would not want him/her
- 6. _____ Unable to judge

E. To your knowledge, has there ever been any disciplinary action involving this student which might indicate unsuitability for Graduate Studies?

- 1. _____ Yes. If yes, please provide full explanation in Narrative Comments Section or in a letter.
- 2. _____ No.

II. Narrative Comments: Please follow the instructions for each item. the following has been suggested by Graduate Committee members as important information they would like to have included in narrative comments on each applicant. Please compare this applicant to other applicants from your institution.

A. Personal attributes: Please emphasize assets and liabilities, particularly those qualities which would indicate special promise or potential problems for graduate education, teaching, and research. Description of the applicant's actions in particular situations would help to clarify your appraisal.

- B. Academic achievement: Since transcripts are available, comments should amplify the information on the applicant's academic record including the following.
1. Academic achievement relative to others from your college or university, e.g., class standing.
 2. Consistency of performance.
 3. Extenuating circumstances, which might account for atypical grade(s) or course load(s).
 4. Degree of strenuousness of class(es) - honor section(s), etc.
- C. Employment, extra-curricular or avocational activities: Since this is given on the application, mention only if you can elaborate meaningfully on them. Any activities, which indicate motivation for graduate work, are of special interest. If involvement was extensive, what was the effect on academic achievements?
- D. Honors received, academic or nonacademic: Specify the competition or degree of selectivity of such awards, e.g., how many were awarded in what student population?

- III. A. Please indicate with a check mark (X) for each factor below your opinion of this applicant's position on that factor relative to other students at your institution.

FACTORS	Outstanding: Top 5%	Excellent: Next 10%	Very Good: Next 20%	Good: Next 40%	Fair: Next 20%	Poor: Bottom 5%	No basis for judge-ment
Motivation for graduate studies: genuineness and depth of commitment.							
Maturity: personal developments, ability to cope with live situations.							
Emotional stability: performance under pressure; mood stability; constancy in ability to relate to others.							
Interpersonal relations: ability to get along with others; rapport; cooperation; attitudes toward supervision.							
Empathy: sensitivity to needs of others; consideration, tact.							
Judgement: ability to analyze a problem; common sense; decisiveness.							
Resourcefulness: originality; sense of responsibility; promptness; conscientiousness.							
Reliability: dependability; skillful management of available resources.							
Communication skills: clarity of expression; conscientiousness.							
Perseverance: stamina, endurance.							
Self confidence: assuredness; capacity to work with awareness of own strengths and weaknesses.							

- B. Please check your overall evaluation of the applicant for graduate studies.

1. _____ Outstanding Candidate

2. _____ Excellent Candidate

- 3. _____ Very Good Candidate
- 4. _____ Good Candidate
- 5. _____ Fair Candidate
- 6. _____ Poor Candidate
- 7. _____ No Basis for Judgement

Name (Print) _____

Academic Rank _____ Department _____

University _____

Mailing Address: _____

City: _____

Country or State _____ Zip Code _____

Date _____ Signature _____