

**UPR- MEDICAL SCIENCES CAMPUS
ADMISSIONS OFFICE
P O BOX 365067
SAN JUAN, P R 00936-5067
(787) 758-2525, Ext. 5215, 5231
FAX (787) 282-7117**

INSTRUCTIONS FOR RECOMMENDATION LETTERS

I. STUDENTS:

1. This evaluation form should be completed by **three professors** with whom you have taken courses (two of them should be from a science or math professors and one from any other professor).
2. In extraordinary cases and with the previous approval of the School of Medicine Admissions Committee, this evaluation form can be given to other professionals who have supervised you in another capacity. The majority of these cases are applicants who have been employed or participating in other activities in the previous years.
3. In universities where Pre-Medical or Pre-Professional Committee exist, their evaluation form will be equivalent to the three evaluations from the professors.

II. PROFESSORS / EVALUATORS / PRE-MEDICAL COMMITTEES:

1. Only this evaluation form should be used. In case where Pre Medical or Pre Professional Committee exist their evaluations forms will be accepted as valid for the Admissions Committee.
2. The student should be interviewed by the evaluator(s) or Pre-Medical Committee before completing the evaluation form(s) to be submitted.
3. **Please fill all blanks and table spaces in the form. FIVE OR MORE SPACES LEFT BLANK OR MARKED AS " NO BASIS FOR JUDGMENT" ON THE ITEM 6 (TABLE) WILL INVALIDATE THE EVALUATION.**
4. Before filling the evaluation form, be sure that the waiver is signed by the applicant.
5. Please send the completed evaluation form as soon as possible **before December 1st, the absolute deadline.**

**ADMISSIONS OFFICE RCM - MEDICINE
P O BOX 365067
SAN JUAN, P.R. 00936-5067**

**787) 758-2525 Ext. 5215, 5231
FAX (787) 282-7117**

PART I:

TO BE COMPLETED BY THE APPLICANT Social Security Number: ____ - ____ - ____

FATHER'S LAST NAME	MOTHER'S LAST NAME	NAME
---------------------------	---------------------------	-------------

The Family Educational Rights and Privacy act (20 United States Code 1252 (g) provides that each applicant will have the 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 _____ E-mail: _____

Signature _____

PART II: TO BE COMPLETED BY EVALUATOR / RECOMMENDER

- In is important to our school's Admissions Committee that the evaluator uses this official evaluation form. Evaluations submitted in other forms will not be accepted.
- Please interview applicant to explore areas to be rated.

1. In what capacity and how long have you known the applicant?

2. How well do you know the applicant?

Very well Fairly well Slightly

3. Have you ever had cause to question the applicant's ethical standards?

4. Do you have full confidence in the applicant's integrity? If no, please explain:

5. What is the applicant's general reputation in the community:

6. On the table below, check (X) the space that best indicates your rating of the applicant.

	OUTSTANDING 5	EXCELLENT 4	ABOVE AVERAGE 3	AVERAGE 2	BELOW AVERAGE 1	NO BASIS FOR JUDGEMENT
INTELLECTUAL CAPACITY (Ability to grasp, analyze, integrate and understand complex material and concepts)						
ORIGINALITY AND IMAGINATION (Ability to see and define new perspectives and approaches)						
RESOURCEFULNESS (Ability to use resources at hand and develop new ones as needed)						
ABILITY TO WORK WITH OTHERS (Rapport, cooperation, attitudes toward supervision)						
EMPATHY (Tact, consideration, sensitivity to the needs of others)						
ORAL COMMUNICATION SKILLS (Articulateness, clarity of expression)						
WRITTEN COMMUNICATION SKILLS (Articulateness, clarity of expression)						
MATURITY (Adaptability, leadership)						
JUDGEMENT (Common sense, decisiveness)						
PERSEVERANCE						
RELIABILITY/DEPENDABILITY						
SELF CONFIDENCE						
EMOTIONAL STABILITY						
UNDERSTANDING OF/AND MOTIVATION FOR CHOSEN PROFESSION						
PERSONAL RELATIONS WITH PEERS						
PERSONAL RELATIONS WITH FACULTY						
HONESTY/ INTEGRITY						
COMMUNITY SERVICE INVOLVEMENT (Volunteer service in areas such as medical or paramedical, religious, social, etc.)						
RESEARCH INVOLVEMENT						
OVERALL EVALUATION						

7. Do you believe that the applicant is capable of becoming an upright and competent physician?

8. In the space below, add any descriptive comments which will provide a more complete picture of the applicant's ability and potential to succeed in our 4 year medicine curriculum.

Professor Printed name

Signature

Position

Course Title

Date

Telephone No.

FAX No.

Department/Employee

Address

**UPR- MEDICAL SCIENCES CAMPUS
ADMISSIONS OFFICE - MEDICINE
P O BOX 365067
SAN JUAN, P R 00936-5067
(787) 758-2525, EXT. 5215, 5231
FAX (787) 282-7117**

EVALUATION REPORT WAIVER

Should you be admitted to the School of Medicine of the University of Puerto Rico, you would have the right as an **enrolled student** to review your permanent record, including the evaluations of your instructors, on file at the School of Medicine Students Affairs Office. Some persons prefer to complete recommendation forms or letters, unless they can be assured of the confidentiality of their comments, It is our opinion that comments provided on a confidential basis are likely to be more meaningful. Therefore, the School of Medicine is granting you the opportunity to waive your right of subsequent access to this applicant's evaluation form.

In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including the evaluation, regardless of your decision of waiving your right of future review.

Please sign this statement before requesting each of your professors and/or your Preprofessional Committee to send you a letter or form of recommendation to the School of Medicine.

I DO _____ I DO NOT _____ WAIVE MY RIGHT OF SUBSEQUENT ACCESS TO THE EVALUATION.

_____/_____/_____
(PLEASE PRINT NAME) **NAME** **LAST NAME** **LAST NAME**

SIGNATURE **DATE**