Master of Science in Clinical Laboratory Science

RECOMMENDATION FOR ADMISSION

Application Deadline Date: _____

I. INSTRUCTION TO THE APPLICANT: You must provide all information requested in this top Section.

Name of Applicant: _____

Social Security No: _____

Under the provisions of the Family Education Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of you decision.

I do _____   I do not _____ waive my right of access to the evaluation.

_____   _____
                  Signature of applicant   Date

II. RECOMMENDER: Please complete all of the following information requested:

Name: _____

Position or Title: _____   Institution: _____

Department: _____   Address: _____

How long and in what capacity have you known the applicant? _____

Please rate the applicant with respect to the attribute listed below by placing and "X" in the appropriate box:

Attributes	*Very Good*	*Above Average*	*Average*	*Below Average*	*Poor*	*Unable to evaluate*
Knowledge in chosen field						
Motivation and perseverance toward goals						
Ability to work independently						
Ability to work with others						
Ability to express thoughts in speck and writing						
Willingness to assume responsibility						

SUMMARY EVALUATION

_____ I do not recommend this applicant for admission to your graduate program.
_____ I believe that this applicant's qualifications are marginal, but the applicant has potential and would benefit from study in your program.
_____ I recommend this applicant for admission and believe her/his performance should be comparable to that of most graduate students.
_____ I strongly recommend this applicant for admission and believe that she/he has the capability to perform at a superior level.

_____   _____
                  Signature   Date

Please send this form directly to the Central Admissions Office, Medical Sciences Campus, University of Puerto Rico,
Master of Sciences in Clinical Laboratory Sciences
P.O. Box 365067, San Juan Puerto Rico 00936 – 5067
Tel: (787) 758-6421 y/o (787) 758-2525 Ext. 2110 ó 7036