



PONCE SCHOOL OF MEDICINE AND HEALTH SCIENCES
ADMISSIONS OFFICE

PO Box 7004 - Ponce, PR 00732-7004
 787-840-2575 Ext 2142 – 2143
 www.psm.edu admissions@psm.edu

LETTER OF REFERENCE

Applicant: Complete items 1 to 5 and give this form to a person acquainted with your education and abilities.

1. Name of applicant: _____
2. University: _____
3. Program of interest: _____
4. I **waive** **do not waive** my right of access to this document.
5. Signature: _____ Date: _____

Writer: State your opinion of the applicant in the following table and in page 2 of this letter of reference.

Skills	Outstanding Upper 5%	Good Upper 25%	Average Upper 50%	Below Average Below 50%	Unable to evaluate
Intellectual capacity (Ability to grasp, analyze, integrate and understand complex material and concepts)					
Maturity (Adaptability, leadership)					
Judgment (Common sense, decisiveness)					
Perseverance					
Reliability/Dependability					
Self confidence					
Emotional stability					
Honesty/Integrity					
Personal relations with peers					
Ability to work with others (Rapport, cooperation, attitudes toward supervision)					
Ability for independent work					
Resourcefulness (Ability to use resources at hand and develop new ones as needed)					
Oral communication skills (Articulateness, clarity of expression)					
Written communication skills (Articulateness, clarity of expression)					
Knowledge in area of interest					
Research involvement					
Community service involvement (Volunteer service in medical or paramedical, religious, social, etc)					
Understanding of and motivation for chosen profession					
Professional Attitude					
Accountable (Liable to account for one's action)					
Overall evaluation					

State your opinion regarding the applicant's ability to carry on graduate studies.

For how long have you known the applicant? _____ In what capacity? _____

In your professional life, this student ranks in the _____ percent.

Would you feel comfortable in seeking service from or in employing this person in a professional capacity after they have completed their degree? Yes Very likely Likely With reserve Not at all

Print Name: _____

Institution: _____

Signature _____

Date: _____

Field _____

Position: _____

Email: _____

Day time phone: _____

PLEASE SEND TO: **PONCE SCHOOL OF MEDICINE AND HEALTH SCIENCES**
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