



# LETTER OF RECOMMENDATION

## Caribbean Medical University

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**This form is to be completed and returned to the Office of Admissions.**

### APPLICANT'S SECTION

TO BE COMPLETED BY THE APPLICANT BEFORE SENDING TO REFERENCE WRITER

1 Applicant's Full Name

*Last/Family Name/Surname*

*First/Given/Personal*

*Middle*

2 Mailing Address

*Number and street or rural route*

*Apt. No.*

*( ) Area Code*

*Phone Number*

*City or Town*

*State*

*Country*

*Zip Code*

3 Applying for admission to study in the:

Premedical Science Program

Medical Science Program

4 The Family Educational Rights and Privacy Act of 1974.

This form is to be used as a reference for admission purposes. As currently interpreted by the Department of Education, the Act provides that applicants who subsequently enroll will have a right to inspect and review the evaluation if it is retained by the university, unless that right is waived in writing. In the event that I become a student at Caribbean Medical University, I hereby waive my right of access to this letter of reference.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### RECOMMENDER'S SECTION

In considering applicants to the Caribbean Medical University, particular emphasis is placed on the comments from individuals the applicant has chosen as recommenders. A recommendation which presents a balanced view of an applicant's abilities and other attributes is most helpful. This form is intended to help you present information about the applicant. We would appreciate your personal impressions of the candidate's intellectual ability aptitude in research and professional skill. Please comment on the applicant's character, quality of previous work, and promise of productive scholarship. This report is used solely for the purpose of admission. If the applicant is accepted and enrolls at CMU, this form will not become a part of the student's permanent record. Please print or type. Thank you for your cooperation and assistance.

5 Recommender's Full Name

*Last/Family Name/Surname*

*First/Given/Personal*

*Middle*

6 Current Address

*Number and street or rural route*

*Apt. No.*

*( ) Area Code*

*Phone Number*

*City or Town*

*State*

*Country*

*Zip Code*

7 Position or Title

Institution or Company

8 How long have you known the applicant?

year(s)

month(s)

9 In what capacity do you know the applicant?

## ☐ SUMMARY EVALUATION

10 What do you consider to be the applicant's most outstanding skills or talents?

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11 What do you consider to be the applicant's main liabilities or weaknesses?

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## 12 Evaluation Chart

On the chart below, please indicate by number your evaluation of this applicant's ability in each category. Obviously, applicants will be stronger in some areas than in others. Using the 1-5 scale, rank this applicant on each of the following attributes.

<i>please darken bubble</i>	excellent	above average	average	below average	poor	N/A
Scholastic Readiness	⑤	④	③	②	①	①
Academic Ability	⑤	④	③	②	①	①
Analytic Ability	⑤	④	③	②	①	①
Emotional Balance/Maturity	⑤	④	③	②	①	①
Personal Relationships	⑤	④	③	②	①	①
Social Responsibility	⑤	④	③	②	①	①
Oral Communication	⑤	④	③	②	①	①
Growth Capacity	⑤	④	③	②	①	①
Responsibility	⑤	④	③	②	①	①
Motivation	⑤	④	③	②	①	①
Creativity	⑤	④	③	②	①	①
Leadership	⑤	④	③	②	①	①

13 Please indicate the strength of your overall recommendation.

Highly recommend  Recommend  Recommend with reservation  Do not recommend

official seal or stamp

*if available*

Signature \_\_\_\_\_

Date \_\_\_\_\_