

LETTER OF RECOMMENDATION FORM

A. TO BE COMPLETED BY APPLICANT

Last name: _____ First name: _____ Middle name: _____

Phone number: _____ Email address: _____

The Family Educational Rights and Privacy Act of 1974 gives students the right to inspect and review their student's education records maintained by the school. Please indicate your choice and type your name and date on the appropriate line below.

- ☐ I waive my right to see this document
☐ I retain my right to see this document

Applicant's signature: _____ Date: _____

B. TO BE COMPLETED BY RECOMMENDER

The above-named applicant provided your contact information as a reference for you to complete a Letter of Recommendation for transfer to the **Master of Public Health program from the San Juan Bautista School of Medicine**. We appreciate the time you take to share your experience regarding the applicant.

- How long have you known the applicant? Year(s): _____ Month(s): _____
- In what capacity have you known the applicant? *[please provide the information requested according to the selected option]*

☐ Professor: Course code and name: _____ Letter grade: _____ Institution: _____

☐ Employment supervisor: Place of Employment: _____ Applicant job title: _____

☐ Research advisor/mentor: Research Title: _____

☐ Community/volunteer service preceptor: Target population: _____
- Based on the time and circumstances under which you have known the applicant, rate his/her performance on the following skills compared to other individuals under the same circumstances.

Skills	Outstanding Upper 5%	Good Upper 25%	Average Upper 50%	Below Average Below 50%	Unable to evaluate
1. Professionalism and Ethical Conduct	☐	☐	☐	☐	☐
2. Teamwork	☐	☐	☐	☐	☐
3. Analytic	☐	☐	☐	☐	☐
4. Problem Solving	☐	☐	☐	☐	☐
5. Communication	☐	☐	☐	☐	☐
6. Leadership	☐	☐	☐	☐	☐
7. Critical Thinking	☐	☐	☐	☐	☐
8. Time Management	☐	☐	☐	☐	☐
9. Interpersonal	☐	☐	☐	☐	☐
10. Initiative and Motivation	☐	☐	☐	☐	☐
11. Conflict Management	☐	☐	☐	☐	☐

4. Please include a brief statement about the applicant's strengths and weaknesses and potential for success in graduate studies.

5. Please indicate the strength of your overall endorsement for the applicant's transfer to the Master of Public Health program from the San Juan Bautista School of Medicine:

- ☐ Highly recommend
☐ Recommend
☐ Recommend with reservation (*please explain in the space provided in item #4*)
☐ Not recommend

Recommendation on behalf of:

Name: _____

Place of Employment: _____ Title: _____

Phone number: _____ Email address: _____

Acknowledgment Statement:

- ☐ By submitting this form, checking the box, and typing your name and date, you acknowledge that this letter of recommendation is a required part of the application for transfer to the program and will be used only for purposes of the applicant final evaluation; and that you may be contacted by a representative of the Master of Public Health program from the San Juan Bautista School of Medicine via the contact information you provided to confirm that you have completed this form.

Recommender name: _____ Date: _____

IMPORTANT: Please complete this form and electronically submit by **July 15** to mphadmission@sanjuanbautista.edu.
If you have any questions, please contact us by email or telephone call at (787) 743-3038, 236 or 214.

Nondiscrimination statement: San Juan Bautista School of Medicine does not discriminate on basis of place of birth, sex, ethnic group, age, color, origin, social status, physical handicaps, political or religious beliefs, sexual preferences, or civil status.