



Inter American University of Puerto Rico, Inc.
San Germán Campus
School of Nursing and Health Sciences
Radiologic Technology Program

RECOMMENDATION FORM

Applicant's Name _____ Identification Number _____

Optional: In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, I authorize access to this letter of recommendation, which will be considered strictly confidential.

Signature _____ Date _____

Indicate with a mark under the corresponding scale.

Criteria	Description	Evaluation					
		5	4	3	2	1	0
Leadership	Demonstrates initiative and motivation to lead, inspiring collaboration and high performance.						
Responsibility	He is reliable, punctual and honest, maintaining high ethical standards and taking responsibility.						
Attitude and Appearance	Project a professional and serene attitude, even under pressure, with a neat appearance.						
Interpersonal relations	Cultivate constructive relationships, communicating effectively and showing empathy and consideration.						
Use	Demonstrates deep understanding of the material, applying creativity and innovation to solve challenges in their studies.						
Skills	Execute assigned tasks accurately and efficiently, meticulously following instructions to ensure the success of all academic work.						

Scale: 5 = Outstanding, 4 = Good, 3 = Average, 2 = Poor, 1 = Poor, 0 = Not appreciated

Relationship with the student:

Teacher Higher School Lecturer / Laboratory University Seminar / Practice Other Specify:

Additional Comments:

Course Title: _____

Course Number: _____

Note obtained: _____

Department: _____

Academic institution: _____

Position: _____

Signature: _____

Date: _____

PLEASE SEND TO:

INTER AMERICAN UNIVERSITY OF PUERTO RICO
SAN GERMÁN ENCLOSURE
RADIOLOGICAL TECHNOLOGY PROGRAM
ATTENTION: DR. JOSÉ GARCÉS, DIRECTOR
PO BOX 5100
SAN GERMAN, PR 00683-9801