## **Letter of Recommendation**



Phone: (506) 2511-1400 / 2511- 1362 2511-1356 / 2511-1370 / 2511-1376

To whom it may concern,

The person whose name appears below is applying for admission to the Graduate Studies System of the University of Costa Rica and has provided your name as a reference. The information we request is confidential and will be of great use for evaluating the candidate's application.

PERSONAL INFORMATION				
Last Name	ast Name Second Last Name		Name	
Completed or Enrolled Higher Education Studies				
Degree or Title	Institution	Field of Studies	Year	
ended Graduate Studies	s Program:			
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have known the applicant	for years and			
		months		
uring years I i	nteracted with the applicant as			
uring years I i	nteracted with the applicant as			
	nteracted with the applicant as			
Professor	nteracted with the applicant as			
Professor Thesis Director Thesis Advisor	nteracted with the applicant as			

3. The box below evaluates the characteristics and academic performance of the applicant compared to \_\_\_\_ students (of his or her same level of studies and experience) which I have interacted with over the past five years.

	Outstanding	Very Good	Above Average	Average	Below Average	Insufficient Criteria
Academic performance						
Academic potential						
Creativity and originality						
Knowledge of the basic concepts of his/her field of study						
Oral and written expression						
Ability to do independent work						
Self confidence						
Motivation for graduate studies						
Maturity and emotional stability						

4.	In comparison to students I have taught in the past years, I would place the applicants ability to engage in graduate and research programs in the following percentile: (mark only one box)					
	Outstanding	Very good	Good	Average	Below average	
5.	specified field. Plea	olicant's qualities, stresse describe and a maturity, dependabili	engths and weak analyze, with ity, responsibility	knesses to carry on all honesty, the and ability to wo	(and in an extra page i graduate studies in the applicant's motivation rk in teams as well as	

6. If I was responsible for the admission	of the applicants intended prog	gram, I would admit him or her:
Without reserve	With certain reserve	Would not admit
Name:		
Institution:		
Position:		
Office phone number:	Email:	
Date:	Signature:	

Decanato, Sistema de Estudios de Posgrado Universidad de Costa Rica 2600 Ciudad Universitaria Rodrigo Facio Costa Rica