



# MEDICAL UNIVERSITY OF THE AMERICAS

## Letter Of Recommendation

Medical University of the Americas • 27 Jackson Road • Suite 302 • Devens, MA 01434  
Telephone (978) 862-9500 • Fax (978) 862-9599

Applicant \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

This individual is applying to the Medical University of the Americas for the Medical Doctor (M.D.) degree. We appreciate you taking the time to complete this form at your earliest convenience since we cannot review the applicant's record without it.

**Student Waiver:** *I, the undersigned, request that this recommendation be kept in confidence and sent directly to the Medical University of the Americas, 27 Jackson Road, Suite 302, Devens, MA 01434.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In what capacity do you know the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate the applicant in the following categories:

Scholastic Aptitude	Upper 10%	Upper 25%	Average	Below Average	Unknown
<b>Sciences</b>					
<b>All Subjects</b>					
Motivation					
Self Confidence					
Oral Communication					
Written Communication					
Working with Others					
Overall Recommendation					

Please attach a letter if you wish to add any additional comments that might support this applicant for admission to a Medical Doctor degree program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_ Title: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_