

# LETTER OF RECOMMENDATION Saint James School of Medicine

Caribbean Campus: Plaza Juliana 4, Kralendijk, Bonaire, Netherlands Antilles Tel: 1-599-717-2150  
Office of Admission: C/o HRDS Inc. 1480 Renaissance Dr Suite 300, ParkRidge, IL 60068, Tel: 1-800-542-1553, 1-847-375-0543  
Web: [www.sjsm.org](http://www.sjsm.org) E-mail: [admission@sjsm.org](mailto:admission@sjsm.org)

## To the Applicant:

This form is optional and may be used with recommendations from academic sources. Please complete the first two lines.  
Please print clearly or type.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last Name First Middle

Address \_\_\_\_\_  
Street Address City State Zip

## Intellectual Ability and Achievement

1) This applicant ranks:  exactly  approximately \_\_\_\_\_ in a class of \_\_\_\_\_ with a cumulative  
Grade Point Average (G.P.A.) of \_\_\_\_\_ on a \_\_\_\_\_ point scale.

2) How would you rate the applicant's ability and motivation?

|                    | <i>Below Average</i>     | <i>Average</i>           | <i>Above Average</i>     | <i>Excellent</i>         | <i>Extraordinary</i>     |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>ABILITY:</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>MOTIVATION:</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) Have outside circumstances interfered with student's academic achievement?  Yes  No  
If "Yes", please explain in Summary and Recommendation.

4) Is there a great variance between applicant's academic performance and capability?  Yes  No  
If "Yes", please explain in Summary and Recommendation.

## Summary and Recommendation

1) Please write a statement about the applicant, highlighting the particular qualities that would make the student, in your judgment, an appropriate candidate for admission to Saint James School of Medicine.

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2) I recommend this applicant for admission to Saint James School of Medicine.

|  | <i>Not Recommended</i>   | <i>Without Enthusiasm</i> | <i>Moderately</i>        | <i>Strongly</i>          | <i>Enthusiastically</i>  |
|--|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| <b>FOR ACADEMIC PROMISE:</b>               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>FOR CHARACTER AND PERSONAL PROMISE:</b> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Institution \_\_\_\_\_ Length of time acquainted with student \_\_\_\_\_

Name \_\_\_\_\_ Designation \_\_\_\_\_

Address \_\_\_\_\_  
Street Name City State Zip

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Official seal or stamp:



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