OEG ADMISSIONS AREA

AUTHORIZATION TO PROVIDE INFORMATION
( Must be completed by the applicant to graduate studies)

| NAME OF APPLICANT |  |
| STUDENT IDENTIFICATION NUMBER |  |
| UNIVERSITY / INSTITUTION |  |
| DEPARTMENT or PROGRAM |  |
| NUMBER OF YEARS OF STUDY |  |

I ____________________________________________________________ (please include full name)

authorize the Dean of Students or Authorized Representative of

__________________________________________________________ (Name of University/Institution) to

provide all the information requested in this document to the pertinent authorities of the Office

of Graduate Studies of the University of Puerto Rico at Mayagüez Campus.

_____________________________ ______________________
SIGNATURE DATE

The Certificate of Conduct must be sent to the address as indicated above

(FORM ADM BT English version - 6 AGO- 2009)
To evaluator:

The student ____________________________, is applying for admission to graduate studies in our institution. We would appreciate if you could send us the required information by completing this document. Please take into consideration the authorization submitted by the applicant before completing this.

FOR OFFICIAL USE ONLY

Name of the person evaluating: ________________________________________________

Position: _____________________________________________________________________

University/Institution: ________________________________________________________

Telephone Number: __________________________________________________________

E-mail: ______________________________________________________________________

1. To the best of your knowledge, has the student been involved in any activity at your institution that resulted in disciplinary action? ( ) No ( ) Yes, explain: ____________________________

2. Has the student incurred any violations of academic integrity?
   ( ) No ( ) Yes, explain: ____________________________

3. Do you recommend this student for graduate studies at our institution?
   ( ) Yes ( ) No, explain: ____________________________

__________________________________________
Signature and Date

Official Stamp