



CALL BOX 9000 MAYAGÜEZ, PUERTO RICO 00681-9000
 TEL. 787-832-4040 ext. 3298 ó 3809

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)



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CERTIFICATE OF CONDUCT

(As required in the Certificate 09-09 of the Academic Senate of the University Of Puerto Rico, Mayagüez, Page 12, 3-d)

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

