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 Applicant's Name

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 Applicant's Date of Birth

**Release of Access to this Recommendation.** *The applicant must complete and sign the following statement before submitting this form. This request is in compliance with federal law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).*

I waive my right of access to this recommendation       I do not waive my right of access to this recommendation

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 Applicant's Signature

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 Date

**Knowledge of the Applicant:** I have known the applicant for: \_\_\_\_\_ years

I know the applicant    well    moderately well    slightly    not at all  
 Nature of my contact with applicant    clinic    lecture    lab    other \_\_\_\_\_

**Evaluation of the Candidate**

	Truly Exceptional	Excellent	Good	Average	Below Average	No Comment
Academic dental knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Skill (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal conduct and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization and common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments** (*This section must be completed. Please use a separate sheet.*)

**Overall Endorsement:**  highly recommend    recommend    recommend with reservations    do not recommend

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_