
 Applicant's Name

 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

 Applicant's Signature

 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				Below	No
	Exceptional	Excellent	Good	Average	Average	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: _____
