

LETTER OF RECOMMENDATION

Advanced Dental Education
 University of Maryland at Baltimore
 Baltimore College of Dental Surgery
 Dental School
 Baltimore, Maryland 21201

Part A Applicant to complete Part A, sign request and forward to reference

(Print) Last name of applicant _____ First _____ Middle _____

Proposed Postgraduate Program _____ Certificate _____
 Degree _____

I agree that the recommendation I am requesting shall be held in confidence by officials of the University of Maryland, and I hereby waive any rights I may have to examine it. _____ Yes _____ No.

_____ Date _____ Applicant's Signature

Part B The Dental School would appreciate a statement from you concerning the applicant named above, telling us how well you think the applicant would do as a student pursuing advanced study in the proposed program. It would be helpful to us to know how long and in what capacity you have known this student. If you can compare this student with others known to you who have attended or are now applying for admission to this school, we would welcome such a comparison. You may rate the applicant either by the scale below or by a subjective evaluation or both.

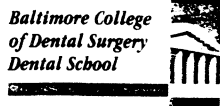
1. Please rate the applicant in comparison with others of similar age and position whom you have known. I would rank this student in the top _____% of approximately _____ students I have taught in _____ years.

	Upper 1 or 2%	Upper 10% But Not Upper 1 or 2%	Upper 25% But Not Upper 10%	Upper Half But Not Upper 25%	Lower Half	No Basis for Judgment
Native Intellectual Ability						
Breadth of General Knowledge						
Ability to Express Self Orally						
Ability to Express Self in Writing						
Perseverance						
Emotional Maturity						
Imagination and Probable Creativity						
Potential as a Teacher						

II. Written Evaluation (please attach separate letter)

Signature _____ Please Print Last Name _____ Date _____

Position _____ at _____



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