



## LETTER OF RECOMMENDATION

### PART I

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

\_\_\_\_\_  
Last Name of Applicant First Middle

Proposed Postgraduate Program \_\_\_\_\_

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.

I. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadth of General Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Express Self Orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Express Self in Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination and Probable Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential as a Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. WRITTEN EVALUATION (Please Attach A Separate Letter)

Signature: \_\_\_\_\_ Last Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ At \_\_\_\_\_