

**BSMS DUAL DEGREE CLINICAL DENTAL HYGIENE LEADER PROGRAM
LETTER OF RECOMMENDATION FORM**



**Recommendation (you will need 2 letters of recommendation, one from a registered Dental Hygienist, and one from a science Professor of one of your required courses). You may have an optional 3rd if you wish from an employer.
Please attach a formal letter of recommendation to this supplemental form.**

To the Applicant: Please print your name in the line below.

Check one of the following statements and sign your name below:

- I **waive** my rights to see my evaluation and recognize that it will remain confidential.
 I **do not** waive my rights of confidentiality and will be able to see my evaluation.

Applicant's signature: _____

To the Referrer: The Applicant is applying to the University of Maryland School of Dentistry, Division of Dental Hygiene. Please complete a formal letter of recommendation, attach this form (print or type) and return it to the Applicant in a sealed envelope with your signature across the closure. Thank you for your assistance.

Knowledge of the Candidate (Please check (✓) all that apply)

I have known this Applicant for _____ Months _____ Years

I know the Applicant Very well Moderately well Slightly

Nature of my contact with the Applicant Academic Employment Other _____

Evaluation of the Applicant

	Truly Exceptional	Excellent	Good	Average	Below Average	No Basis for Comment
Knowledge/Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relations/Cooperation	<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 & Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for/Demonstration of Leadership Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Endorsement of the Applicant

- Highly recommend Recommend Recommend with reservation

Referrer's Name/Degrees

Position/Title

Signature

Date