



EASTMAN
DENTAL CENTER

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & DENTISTRY
EASTMAN DEPARTMENT OF DENTISTRY
UNIVERSITY OF ROCHESTER EASTMAN DENTAL CENTER
625 Elmwood Avenue
Rochester, New York 14620-2989
(585) 275-8315

Please send this form to the person from whom this letter is requested, with a stamped envelope addressed to:

Residency Coordinator
University of Rochester Eastman Dental Center
625 Elmwood Avenue
Rochester, New York 14620
U.S.A.

The applicant should complete this section:

first name _____ *last name* _____ is applying to the International Dental
Postdoctoral Program in General Dentistry.

I do ___ do not ___ agree to waive my right under The Family Education Rights and Privacy Act of 1974 to review
specific and composite letters of recommendation.

_____ *signature* _____ *date*

Name of individual writing recommendation: _____

This section should be completed by the individual writing the recommendation. In addition to completing the form on the reverse side, the Admissions Committee would appreciate your individual comments of the applicant's preparation, aptitude, initiative and creativity necessary for independent work, and of the motivation or strength of commitment to the professional career implied by this program of study. If you have taught the applicant, your comparison of him/her to other students who have done postdoctoral work elsewhere would be valuable.

Please return your recommendation as soon as possible as the Committee considers these letters vital parts of the application and a decision must wait on them.

How long have you known the applicant? _____ In what capacity? _____

COMMENTS: (May use separate sheet of paper)

Among the students at a similar level whom you have known in recent years, how would you rate this student?
Upper 10% _____ Upper 25% _____ Upper 50% _____ Lower 50% _____

If known, please give this student's average class standing: _____ out of _____ (class size)

