

**University of Rochester  
University of Rochester Medical Center  
Eastman Institute for Oral Health  
625 Elmwood Avenue  
Rochester, New York 14620-2989 USA  
(585) 275-8315**

**LETTER OF RECOMMENDATION FORM  
ASSOCIATED GENERAL DENTISTRY TRAINING PROGRAMS OF ROCHESTER**

Send this form to the person who is writing on your behalf. A pre-stamped and pre-addressed envelope should be included with each of the Letter of Recommendation form. The envelope should be addressed to the Residency Coordinator at the address noted above.

**PART 1 ~ Applicant should complete this section:**

I, \_\_\_\_\_ am  
FIRST MIDDLE LAST

applying to the Associated General Dentistry Training Programs of Rochester for a 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.

\_\_\_\_\_  
Name (printed) Signature Date

Name of individual writing recommendation: \_\_\_\_\_  
Print Name

**PART 2 ~ Individual writing the recommendation should complete this section:**

The Admissions Committee would appreciate your individual comments of the applicant's preparation, aptitude, initiative and creativity necessary for independent work and 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 the applicant 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 a vital part of the application process. Please feel free to use separate sheet of paper if needed.

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

How would you rate the applicant among the students at a similar level that you have known in recent years?

Upper 10% \_\_\_\_\_ Upper 25% \_\_\_\_\_ Upper 50% \_\_\_\_\_ Lower 50% \_\_\_\_\_

“APPLICANT’S” FIRST NAME

MIDDLE

LAST NAME

**PART 2 (continued)**

If known, please give this student’s average class standing \_\_\_\_\_ out of \_\_\_\_\_ (class size).

Please complete the following assessment of the applicant:

	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>Unknown</b>
Personality & Manners					
Scientific Performance					
Clinical Skills					
Industry					
Reliability					
Initiative					
Cooperation					
Empathy & Compassion					
Personal Hygiene & Neatness					

Please provide your comments on the applicant’s personal demeanor and professional aptitude for the program.

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This student is: \_\_\_\_\_ Recommended \_\_\_\_\_ Highly Recommended

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Position, profession or occupation: \_\_\_\_\_

Professional address: \_\_\_\_\_  
Business/Company Name

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Work \_\_\_\_\_ Fax \_\_\_\_\_