



UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & DENTISTRY
EASTMAN DEPARTMENT OF DENTISTRY
UNIVERSITY OF ROCHESTER EASTMAN DENTAL CENTER

625 Elmwood Avenue
(585) 275-8315

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

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

The applicant should complete this section:

_____ is applying to the Associated

last name *first name* *middle name*

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.

_____ _____
signature *date*

Name of individual writing recommendation: _____

The following 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)

Letter of Recommendation for: _____

Among the students at a similar level whom you have known, 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)

Finally, please complete the following assessment of the student:

	Excellent	Good	Average	Below Average	Unknown
Personality and Manners					
Scientific Performance					
Clinical Skills					
Industry					
Reliability					
Initiative					
Cooperation					
Empathy and Compassion					
Personal Hygiene and Neatness					

This student is: _____ Recommended
_____ Highly Recommended

Signature _____ Profession or Occupation _____

Name _____ (please print)

Professional Address:

Street City State Zip

Telephone () _____

FAX () _____

Date: _____