LETTER OF RECOMMENDATION FORM
EIOH POSTDOCTORAL DENTAL TRAINING PROGRAMS

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 Eastman Institute for Oral Health’s Postdoctoral Dental Training Program in ____________________________.

(Print Name of Program Applying For)

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% _______
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:

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<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Unknown</th>
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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