



**LETTER OF
RECOMMENDATION**

COLLEGE OF DENTISTRY (MC 621)

University of Illinois at Chicago
801 South Paulina Street
Chicago, Illinois 60612-7211

RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

- I waive my right of access to this letter of recommendation.
- I do not waive my right of access to this letter of recommendation.

Signature of applicant _____ Social Security Number _____ Date _____

Name of Candidate _____ Application for Advanced Programs (Dentistry) Department of _____

Please Print (Last) (First) (Middle)

All Letters of Recommendation are destroyed at the completion of each application processing period in compliance with the Office of Admissions and Records nonessential document retention and destruction policy.

RECOMMENDATION SUMMARY SHEET TO BE COMPLETED BY RECOMMENDER

How well do you know the applicant? Very well Fairly well Minimally Unknown

How long have you known the applicant? _____

Identify the capacities in which you have been associated with the applicant.

- Instruction Lecture Laboratory Seminar
- Undergraduate academic advising Graduate academic advising Other

MOTIVATION FOR GRADUATE STUDY AND RESEARCH

- Exceptionally good Good; no major weaknesses Poor Inadequate opportunity to observe
- Weak in some respects, such as _____

POTENTIAL FOR TEACHING

- Exceptionally good Good; no major weaknesses Poor Inadequate opportunity to observe
- Weak in some respects, such as _____

COMMUNICATION

	Poor Expression	Verbose	Accurate and Appropriate	Inadequate Opportunity to Observe
Oral	_____	_____	_____	_____
Written	_____	_____	_____	_____
Comments: _____				

WORK HABITS

- Works at full capacity Works well; has reserve capacity Satisfactory, but not best
- Inclined to "get by" Inadequate opportunity to observe

INTERPERSONAL RELATIONS WITH STUDENTS IN CLASS

- Appropriate Poor Inadequate to observe Difficulties, such as _____

INTEGRITY

- Appropriate Poor Inadequate to observe Difficulties, such as _____

PERSONALITY

- Satisfactory Objectionable Inadequate opportunity to observe

MATURITY

- Will mature well Mature Immature Inadequate opportunity to observe

(Please complete reverse side)

In addition to the rating on the front, please give your evaluation of, and your personal reaction to, the applicant. You may wish to amplify some of your responses to the areas identified on the front of this form. The Advanced Program's admission committee is particularly interested in your evaluation of the applicant's potential for graduate academic work and for scholarly endeavors.

Among the _____ students I have known in this field, I would rank this applicant in the upper _____%.

(approximate no.)

(1) My recommendation to the Advanced Programs (Dentistry) is: Very strong Moderate Marginal

(2) I do not recommend.

Please print your name _____

Signed _____ Date _____

Position

Institution