Gateway to Dentistry
Recommendation

Applicant's Name: ___________________________ School: ___________________________

Pre-Dental Advisor/Basic Science Professor: ___________________________ Date: ___________________________

Email: ___________________________

Current GPA: ___________________________

Recommend Highly

Recommend

Have Reservations

Do Not Recommend

Please include comments to support your recommendation. The comments should be based upon discussion of academic performance, extra-curricular activities and personal character.

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Pre-Dental Advisor or Basic Science Professor Signature: ___________________________

Official Transcript Attached

Official Transcript Will Follow

Forward information to:
Dr. Rosa Chaviano-Moran