

*RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY  
SCHOOL OF DENTAL SCHOOL  
ADMISSIONS OFFICE  
P.O. Box 1709, Room B-830, Newark, NJ 07101-1709*

LETTER OF EVALUATION FROM DEAN

\_\_\_\_\_ is applying for admission to a graduate dental educational program in \_\_\_\_\_ at Rutgers, School of Dental Medicine. Please give a brief but detailed appraisal of the candidate's professional qualifications and ability. Attach additional page(s), if necessary. All information received will be kept confidential.

Overall Class Standing: \_\_\_\_\_

Name of Dean \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_