

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 FACULTY MEMBER

_____ is applying for admission to a graduate dental educational program in _____ at Rutgers, School of Dental Medicine. Please complete this evaluation or a separate letter of recommendation which includes the factors listed below and return it to the address above.

CLASS STANDING IN YOUR DEPARTMENT:

	OUTSTANDING Upper 5% of class	EXCELLENT Upper quarter but not upper 5%	GOOD Upper half but not upper 5%	BELOW AVERAGE Lower half of class	NO BASIS FOR JUDGMENT
Native intellectual ability					
Breadth of interest					
Common sense, judgment					
Initiative, leadership					
Personality, friendliness					
Emotional maturity					
Appearance					
Attitude toward criticism					
Sense of responsibility					
Forcefulness, confidence					

The Rutgers School of Dental Medicine is grateful for any pertinent material regarding the character, integrity and personality of the applicant, but will particularly appreciate the writer's opinion of the candidate's ability to pursue advanced studies in his field and to achieve a successful professional career. A careful discrimination between strong and weak characteristics is more valuable than routine praise.

Please rank the candidate in relation to the other students in the same class or with other persons you have known of comparable experience. All information received will be kept confidential.

How long have you known the candidate?

Is interest in graduate dental education genuine?

Overall opinion of candidate: Outstanding Good
 Fair Not Recommended

Signature _____

Date _____

Title _____

Department _____

School _____

Please provide additional comments regarding this candidate. Attach additional page, if necessary.
