

The University of Texas Health Science Center at Houston School of Dentistry

Applicant Letter of Reference

Last Modified Date: 01/04/2022

Instructions to the applicant:

Download the form, complete items 1-5, indicate your waiver selection, digitally sign it, then send it to the recommender. The completed form from the recommender should be sent as an email attachment to Student-Admissions@uth.tmc.edu.

NOTE: Make sure your recommender is aware of the application deadline you are trying to meet.

1. Name, as on the application for admission

2. 7-Digit Student ID

3. Date of Birth (mm/dd/yyyy)

4. Projected entrance year into the program:

5. Proposed area of study and degree sought:

I understand that federal legislation provides me with a right of access to this recommendation after I matriculate; while this right may be waived, no school or person can require me to waive this right.

Check one of the following statements: I hereby WAIVE my right of access to this recommendation.

I DO NOT WAIVE my right of access to this recommendation.

Applicant's Signature

Date

The above named applicant is requesting that you serve as a reference for his/her application to The University of Texas at Houston School of Dentistry. Please complete this form and return it as an email attachment to Student-Admissions@uth.tmc.edu. All completed forms will be treated confidentially.

6. Please rank the applicant on the following:

| | Exceptional | Above Average | Average | Below Average | No Information |
|-----------------------------------|-------------|---------------|---------|---------------|----------------|
| Knowledge of Field | | | | | |
| Capacity for Independent Thinking | | | | | |
| Intellectual Ability | | | | | |
| Leadership Ability | | | | | |
| Motivation to Work | | | | | |
| Ability to Work Well With Others | | | | | |
| Ability to Express Self Verbally | | | | | |
| Writing Ability | | | | | |
| Emotional maturity | | | | | |
| Likelihood of Success in Program | | | | | |
| Likelihood of Career Success | | | | | |
| Problem Solving Ability | | | | | |
| Ethics | | | | | |
| Analytic Ability | | | | | |

7. I feel that his/her grades do do not represent his/her level of ability.

8. I do not have access to this person's grades.

9. How long have you known this applicant?

10. In what capacity have you known the applicant?

11. Where would you place the applicant on the following scale?

- Not recommended for dental hygiene study
- Unsure of ability to perform dental hygiene study
- Recommended for dental hygiene study

12. I consider the applicant to be in the following percent of the students I have known:

- upper 1%
- upper 5%
- upper 10%
- upper 25%
- upper 33%
- upper 50%
- lower 50%

13. In your own words, we would appreciate your evaluation of the applicant's outstanding strengths and weaknesses, suitability for training in clinical psychomotor/dexterity skills, research, and the ability to complete successfully the proposed area of study.

Name (Type or Print)

Institution

Signature

Address - Line 1

Position

Address - Line 2 (if needed)