

University of Pittsburgh Dental Hygiene Program

PROFESSIONAL RECOMMENDATION

FOR: _____
Last Name First Middle/Maiden (if applicable)

TO THE APPLICANT: Please seek recommendations from persons who can evaluate your potential for succeeding in the Dental Hygiene Certificate program, such as a teacher, faculty member, or academic program director.

TO THE EVALUATOR: The person whose name appears above is applying to the University of Pittsburgh School of Dental Medicine Dental Hygiene Program and has asked you for a reference. This recommendation will be used solely for evaluation for admission purposes. It will not be made a part of the individual's permanent record and is not subject to the Family Educational Rights and Privacy Act of 1974. The applicant will not at any time have access to this recommendation.

Please complete this form, place it in the envelope provided by the applicant, sign your name across the envelope flap to ensure confidentiality, and return the envelope directly to the applicant. He or she will then submit this recommendation to the University of Pittsburgh School of Dental Medicine Dental Hygiene Program as part of the complete application package.

Thank you for completing the Professional Recommendation Form. We are grateful for your input.

1. In what specific capacity have you known the applicant and for how long?

2. Has the applicant shown that he/she has well defined career goals?

3. What is your estimation of the applicant's principal strengths as they relate to participation in the Dental Hygiene Program?

4. Please make any statement you feel will help the committee with this candidate's evaluation process.

(over)

Professional Recommendation Form

5. Please evaluate the applicant according to the following criteria by checking the appropriate boxes. Academic evaluators should compare the applicant to a representative group of students who have had approximately the same number of years of education and experience. Non-academic evaluators should use some other relevant group.

	Superior (Top 5%)	Excellent (Top 15%)	Good (Top Third)	Average (Middle Third)	Weak (Low Third)	Inadequate Opportunity to Observe
Emotional Maturity						
Willingness to Cooperate						
Motivation & Initiative						
Consideration for others						
Seeks Responsibility						
Accepts Accountability						
Conduct; sets a good example						
Problem Analysis Ability						
Interpersonal Skills						
Leadership Potential						
Innovative in approach to task						
Understands & grasps concepts						
Effective verbal & written communication						
Subordinates self- interest for the welfare of the group or task						

6. Please indicate your overall evaluation of this applicant's study in dental hygiene by circling one of the numbers below.

Highly
Recommend

5

4

Recommend

3

2

Do Not
Recommend

1

Please print or type.

NAME: _____

TITLE: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE NUMBER: _____

SIGNATURE: _____ DATE _____

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For information on University equal opportunity and affirmative action programs and complaint/grievance procedures, please contact the Office of Affirmative Action, 901 William Pitt Union, University of Pittsburgh, PA 15260 (412) 648-7860.