



The University of Texas Dental Branch at Houston Applicant Letter of Reference

Last Modified Date: 04/02/2009

Instructions to the applicant:

Complete items 1-4, print the form, sign it, then send it to the recommender with a stamped envelope addressed to the Office of the Registrar: The University of Texas Health Science Center at Houston, P.O. Box 20036, Houston, Texas 77225-0036.

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

1. Provide 10 Digit Student ID or US Social Security Number - Information is not required.**

2. Projected entrance year into the program:

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3. Name (last, first, middle) - as it appears on the application for admission.

4. Proposed area of study and degree sought:

**Disclosure of your Social Security Number ("SSN") is requested for the student records system at The University of Texas Health Science Center at Houston (the "University") and for compliance with Federal and State reporting requirements. Although an SSN is not required for admission to the University, failure to provide your SSN may result in delays in processing your application or in the University's inability to match your application with transcripts, test scores, and other materials. Student SSNs are maintained and used by the University for financial aid, internal verification, and administrative purposes, and for reports to Federal and State agencies as required by Federal and State law. Federal law requires hospitals that incur indirect costs for graduate medical education programs and hospitals that receive Medicare payment for direct graduate medical educational activities to identify residents by SSN. The privacy and confidentiality of student records is protected by Federal and State law and the University will not disclose your SSN without your consent for any other purposes except as allowed by law. With few exceptions, an individual student is entitled upon request to be informed about the information the University collects about the student, to receive and review the information, and is entitled to have the University correct any incorrect information about the student.

I understand that federal legislation provides me with a right of access to his 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 Dental Branch at Houston. To assist us in evaluating his/her application, please complete this form and return it to the address noted at the top of this page. All completed forms will be treated confidentially.

5. 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 | | | | | |

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

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

8. How long have you known this applicant?

9. In what capacity have you known the applicant?

10. 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

11. 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%

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 - Line1

Position

Address - Line 2 (if needed)