

Certificate of Class Standing

Part A: To be completed by applicant and forwarded to Dean (Print)

Last/Family	First	Middle/Maiden
Year of Graduation	Proposed Postdoctoral Program	

I agree that the recommendation I am requesting shall be held in confidence by officials of the University of Florida, and I hereby waive any rights I may have to examine it.

Applicant's Signature	Date
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Part B: To Be Completed By Dean:

National Board Examination Scores

Part I								Reference Number
	Exam Date	Anatomic Sciences	Biochemistry Physiology	Microbiology Pathology	Dental Anat Occlusion	Average		
Part II	Exam Date	COMPREHENSIVE EXAMINATION SCORE						Overall or Average

Dental Class Ranking

	Standing	Class Size	GPA
1st Year			
2nd Year			
3rd Year			
4th Year			
Cumulative			

Your written comments about the applicant will be appreciated. Please continue below or attach a letter if necessary.

Signature of Dean	Date	Print Name
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Name of Institution

Please return to: Assistant Dean for Admissions, Advance & Graduate Education, University of Florida, College of Dentistry, PO Box 100402, Gainesville, FL 32610-0402