UF UNIVERSITY of FLORIDA

Form III

Letter of Recommendation

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

Last/Family First Middle/Maiden 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

Part B: To be completed by reference

We would appreciate a statement from you concerning the applicant named above; telling us how well you think the applicant will do as a graduate or post-doctoral student in the proposed field. It would be helpful to us to know how long and in what capacity you have known this student.

How long have you known this applicant?_____
What is your relationship to the applicant?_____

If you can compare this applicant with others known to you at the same level of professional growth, we would welcome such a comparison. Please rate the applicant by the scale below.

	Upper 1 or 2 %	Upper 10% But Not Upper 1 or 2 %	Upper 25% But Not Upper 10%	Upper Half But Not Upper 25%	Lower Half	No Basis for Judgment
Native Intellectual Ability						
Breadth of General Knowledge						
Ability to Express Self Orally						
Ability to Express Self in Writing						
Perseverance						
Emotional Maturity/Professionalism						
Potential as a Clinician						
Potential as a Teacher						
Potential as a Researcher						

Please indicate the strength of your overall endorsement by placing an "X" along the scale.

Not Recommended | Recommended with some reservations | Recommended | Highly recommended

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

Signature:_____ Print Name:_____ Date:_____

Position/Title:_____ Telephone: _____

Address:_____

Please return to: Assistant Dean for Admissions, Advance & Graduate Education, University of Florida, College of Dentistry, PO Box 100402, Gainesville, FL 32610-0402 or to student in sealed envelope with signature on flap.