

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER  
DEPARTMENT OF DENTAL HYGIENE**

APPLICANT NAME: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**TO THE APPLICANT:** Under the Federal Family Education Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review this record or to decline to do so. Please recognize that those writing recommendations, and those assessing them, may attach more significance to confidential ones. Please mark the appropriate phrase below indicating your choice of option and sign your name. Please check only one option:

( ) I elect to keep this recommendation confidential, and I will waive all my right of access to this recommendation, whether visual, oral, or written, as provided in the Family Education Rights and Privacy Act of 1974 and its amendments.

Or

( ) I elect to keep the recommendation non-confidential.

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Candidate signature \_\_\_\_\_

Date \_\_\_\_\_

**TO THE RECOMMENDER:** Please complete Part I and Part II. Do not complete this form if the above-named candidate has failed to designate the option of choice or has failed to sign the appropriate place

In what capacity do you know this person? \_\_\_\_\_ How long? \_\_\_\_\_

**Part I: OVERALL COMPARATIVE RATING OF THIS CANDIDATE**

(check one of the following categories)

1. \_\_\_\_\_ Not ready for graduate school at this time.
2. \_\_\_\_\_ Fair applicant. His or her motivation for graduate work, communication skills, maturity and personal diversity is less than the vast majority of others I have known.
3. \_\_\_\_\_ Typical applicant. His or her motivation for graduate work, communication skills, maturity and personal diversity is average compared to others I have known.
4. \_\_\_\_\_ Good applicant. His or her motivation for graduate work, communication skills, maturity and personal diversity is above average for applicants I have known. Should be admitted to the graduate program.
5. \_\_\_\_\_ Superior applicant. His or her motivation for graduate work, communication skills, maturity and personal diversity is exceptional. Should definitely be admitted to the graduate program.

Recommender's signature \_\_\_\_\_ Date \_\_\_\_\_

**Part II: PLEASE COMMENT ON THE FOLLOWING:**

- A. This applicant's ability and maturity in working with team members.  
(hygienists, assistants, dentists, etc.)
  
- B. Professional demeanor, independent judgment, quality of patient care
  
- C. Leadership ability
  
- D. Responsibility and initiative
  
- E. Applicant's capacity to analyze a problem and arrive at a workable solution
  
- F. His or her motivation to work effectively in an advanced professional and scholarly role
  
- G. Any strengths that are beneficial to or weaknesses that would interfere with completion of this graduate program
  
- H. Summary Statement

**Recommended by:** \_\_\_\_\_ **Signature** \_\_\_\_\_  
(please print your full name)

Title/Occupation:

Address:

Telephone:

**Please return this form to the Office of Enrollment Services  
910 Madison, Suite 525, Memphis, TN 38163**