



Applicant Name: _____

Contact Number: _____

SCHOOL OF ALLIED HEALTH
Dental Hygiene Program
Allied Health Science Bldg. Suite 160
3211 Providence Drive
Anchorage, Alaska 99508-8371

Voice: 907-786-6929
Fax: 907-786-6938

GENERAL RECOMMENDATION CONCERNING

Name of Applicant: _____
Last First MI Previous Name(s)

TO THE CANDIDATE:

This form will not be placed in your application file if you fail to sign below. Recommendations from past or current employers or university instructors are suggested.

PLEASE NOTE THIS IS A CONFIDENTIAL RECOMMENDATION

By signing below I acknowledge this recommendation is confidential and I waive all my rights of access to this recommendation, whether visual, oral or written, as provided in the Family Educational Rights and Privacy Act of 1974 and its amendments. I understand that this recommendation will not be available for my inspection now or in the future.

Candidate's Signature and Date
Must be signed and dated to be valid

TO THE RECOMMENDER

Under no circumstances should you complete this form and return it to the Dental Hygiene Program if the above named applicant has failed to sign in the appropriate place. Thank you for your cooperation in this matter.

The person whose name appears on this form wishes to ask you for a recommendation regarding his or her suitability for admission the Dental Hygiene Program. Your honest and careful statement and evaluation will be appreciated by this applicant as well as this program. Please mail this form directly to UAA's Dental Hygiene Program at the address listed above. Faxed or e-mailed forms are not accepted. Recommendations must be received by 4:30 pm on May 1st of the year applicant is applying.



Applicant Name: _____

Contact Number: _____

1. How long have you known the applicant and in what capacity?

2. When were you last associated with the applicant?

3. What do you consider to be the main qualities of strength and weakness of this applicant? If possible, give examples.

4. Do you place full confidence in the applicant's integrity? Yes No
If not, please explain.

5. Does the applicant like to work with people? Yes No
What experiences has this applicant had which supports your answer?

6. Rating Form - Check the box that best describes each quality for this applicant.

	Excellent	Good	Average	Fair	Poor
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your endorsement of this applicant by checking one of the following:

- Highly Recommend Recommend Uncertain Do Not Recommend

Please write any additional comments on a separate sheet of paper.

Signature

Date

Printed Name

Occupation/Position/Title

Printed Address

Telephone Number

This letter of reference will be placed in the applicant's file to be used by the selection committee and faculty advisors.

Please return this form to: University of Alaska Anchorage
Dental Programs AHS 160
3211 Providence Drive
Anchorage, AK 99508-8371