

Old Dominion University Recommendation Form

To the Candidate: Please print your name on the line below:

Candidate's Name (Print)

To the Referrer:

The candidate is applying to the Old Dominion University School of Dental Hygiene. Please complete this recommendation form. The candidate will submit your name and email address to the online DHCAS application system and you will receive an email from the system asking you to upload the completed form by **February 1st**. Thank you for your assistance.

1. Please indicate your knowledge of the Candidate (circle all that apply):

I have known the candidate for (add number): Month(s) _____ Year(s) _____

I know the Candidate: Very well Moderately well Slightly

Nature of my contact with the Candidate: Academic Employment Other (specify) _____

2. Please evaluate the Candidate according to the characteristics below (put an X in boxes):

| | Truly Exceptional | Excellent | Good | Average | Below Average | No basis for comment |
|---------------------------------------|----------------------|-----------|------|---------|------------------|-------------------------|
| Knowledge & preparation | | | | | | |
| Judgement & analytical ability | | | | | | |
| Interpersonal relations & cooperation | | | | | | |
| Ability to accept criticism | | | | | | |
| Personal conduct & appearance | | | | | | |
| Emotional maturity & stability | | | | | | |
| Organizational skills | | | | | | |
| Empathy & compassion | | | | | | |
| Manual dexterity | | | | | | |
| Reliability & responsibility | | | | | | |

Additional Comments: _____

3. What is your overall endorsement of the Candidate for admission to the Dental Hygiene Program?

(Please circle one): Highly recommend Recommend Recommend with reservations

Referrer's Name

Position/Title

Address

Referrer's Signature

Date