

# Recommendation Form for Support by CO★STAR DDS/PhD Program

## APPLICANT'S SECTION

Applicant's Name \_\_\_\_\_ SSN \_\_\_\_\_

The applicant is responsible for informing the references that this form should be expeditiously returned to meet program decision dates.

### Family Educational Rights and Privacy Act of 1974 (FERPA)

Under the provisions of this Act, you have the right to see recommendations for admission. Please choose the appropriate phrase below and sign your name.

I,  Waive...  Do Not Waive... any right of access that I may have to this recommendation form.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

## REFERENCE'S SECTION

Reference's Name \_\_\_\_\_ Title \_\_\_\_\_

Department Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what setting have you known the applicant? \_\_\_\_\_

Please rank the applicant, as well as you can, along the listed categories. (Note that the scale is nonlinear.) This ranking is intended to supplement, not replace, your specific written comments, which we solicit on page 2. Please submit additional information you feel is important for a decision.

	Top 5%	6-15%	16-25%	26-50%	Below Average	Insufficient Information
Motivation and initiative						
Maturity and stability						
Ability to work independently						
Industry and reliability						
Oral expression in English						
Written expression in English						
Ability to organize and use facts and ideas						
Analytical ability						
Creativity						
Curiosity in science						
Overall intellectual ability						
Clarity of goals for DDS/PhD study						
Overall potential for DDS/PhD study						

Recommendation concerning support by CO★STAR:

- I highly recommend this applicant.       I recommend this applicant, but with some reservation.  
 I recommend this applicant.               I am not able to recommend this applicant.

We would appreciate your written comments on this applicant. They will be carefully considered by the CO STAR Leadership Council and will play a key role in ranking the student. Please describe the particular talents, strengths and weaknesses of the applicant as they relate to their potential for success in the DDS/PhD program and a career in academic dentistry.

CO STAR thank you in advance for your evaluation.

Please return this form to:

Ms. Noemi O. Hinojosa  
UTHSCSA Dental School, MSC 7906  
7703 Floyd Curl Drive  
San Antonio, Texas 78229-3900

Phone: (210) 567-3167  
Fax: (210) 567-6721