Recommendation Form for Support by COSTAR
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 COSTAR:

☐ I highly recommend this applicant

☐ I recommend this applicant

☐ I recommend this applicant, but with some reservation

☐ 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.

COSTAR thank you in advance for your evaluation.

Please return this form to:

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