

# Recommendation Form for Support by CO<sup>2</sup>STAR

## APPLICANT'S SECTION

APPLICANT'S NAME:

Date:

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 provision 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 is ranking is intended to supplement, not replace your specific written comments which we solicit on the **BACK OF THIS FORM**. Please submit additional information you feel 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 PhD study						
Overall potential for PhD study						

### Recommendation concerning support by CO<sup>2</sup>STAR:

I highly recommend the 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 COSTAR 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 PhD program and a career in academic dentistry.

CO<sup>2</sup>STAR thanks you in advance for your evaluation.

Please return this form to: Dr. Ken Hargreaves, DDS, PhD

COSTAR Program Director

Office of the Dental Dean, Room 4.320R