

# Medical College of Georgia School of Dentistry



## PRE-DENTAL ADVISOR'S REFERENCE FORM

### ATTENTION APPLICANT:

Complete Part I (by printing or typing) and Part II, then give form to reference to completion of Part III and for his/her direct return of the form to the School of Dentistry.

### Part I

Name of Applicant: \_\_\_\_\_ S.S. # \_\_\_\_\_

Address: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

### Part II

#### TO THE APPLICANT:

You must indicate below whether or not you desire to waive your right of access to this document. If you decide not to waive your right, this fact will not affect your chances for acceptance in any manner.

I hereby ( ) waive ( ) do not waive my right to see this Reference Form.

\_\_\_\_\_  
(Applicant's Signature)

### Part III

#### TO THE REFERENCE:

The above named applicant has applied to the Medical College of Georgia School of Dentistry for admission and has given your name as a reference. The applicant indicated above whether he/she has or had not waived access to this form. If access is waived, your reference will be kept confidential to the maximum extent allowed by state and federal law. Please complete the form and return it directly to the Office of Student Admissions and Academic Support, School of Dentistry. *(Note to Pre-Dental Advisor: If you prefer, either a personal letter of the evaluation form used by an institution may be used in lieu of this form).*

1. Briefly describe your relationship to the candidate:

2. Please rate this candidate by circling your response on each area identified below:

	VERY LOW				VERY HIGH	DO NOT KNOW
<b>SELF CONFIDENCE</b> (self-esteem, positive self-concept, belief in ability, feeling of success, accepts challenge)	1	2	3	4	5	( )
<b>SETS REALISTIC GOALS</b> (has direction, achievable goals for near and distant future, ambition)	1	2	3	4	5	( )
<b>ABILITY TO COMMUNICATE</b> (ability to convey thoughts and ideas, articulate, adequate vocabulary)	1	2	3	4	5	( )
<b>LEADERSHIP</b> (ability to inspire confidence and trust; Ability to rise to the top in activities)	1	2	3	4	5	( )
<b>CONCERN FOR OTHERS</b> (desire to help others, altruistic, empathic, not overly critical or evaluative of others, shows understanding)	1	2	3	4	5	( )
<b>STABILITY</b> (habit of staying in one school, one field of study or on one job for a reasonable period of time, not subject to erratic changes in plans)	1	2	3	4	5	( )
<b>ACADEMIC ABILITY</b> (potential for successful completion of the dental school curriculum, intellectual competence)	1	2	3	4	5	( )
<b>DESIRE TO LEARN</b> (regards learning as a life-long process, motivated, shows intellectual curiosity)	1	2	3	4	5	( )
<b>EMOTIONAL MATURITY</b> (independent, self-disciplined, self-controlled, has proper regard for consequences of actions, recognizes necessity of sometimes performing unpleasant tasks)	1	2	3	4	5	( )

3. Please comment below about this candidate in each general area identified. It would be most helpful if you could describe an incident or incidents which lead you to your assessment.

A. The ability of this candidate to adapt to supervision, take instruction, relate positively to teachers and /or supervisors:

B. The drive of this candidate, or the ability to organize a task and persevere in seeing a job through to completion:

C. The potential of this candidate to manage patients effectively, as shown by the ability to motivate others, to communicate effectively, show concern, gain respect from others:

D. The personal integrity and honesty of this candidate:

E. The motivation of this candidate for the study and practice of dentistry.

F. Your general assessment of this applicant as a potential dental student and dentist. Include the candidate's major strengths and weaknesses as you see them:

4. Please indicate your overall recommendation of this candidate as a future dental student and dentist:  Not recommended  
 Recommended with reservations  Recommended  Recommended with confidence  Recommended enthusiastically

\_\_\_\_\_  
Name of Respondent (please print)

\_\_\_\_\_  
Address of Respondent (Street & No., City, State & Zip Code)

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Position of Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

***Please complete this form and seal it in an envelope, signing on the sealed area. The sealed envelope should be returned to the applicant in a timely matter. Your recommendation is part of a packet that each applicant must submit to the Office of Students, Admissions, and Alumni for their application to be further considered.***