

Predental Letter of Recommendation

Guidelines and Procedure for Submission

The OSU Predental Committee greatly appreciates your willingness to write a letter of recommendation on behalf of this applicant for dental school. Your letter will be copied and included in a packet which will be sent to the dental schools. Please note whether the applicant has selected the waiver option to permit confidential treatment of the letter. If not, then the applicant has the right of access to this information and it is not confidential.

Letters must be printed on university, office or personal letterhead and must be signed.

Address letters to the OSU Predental Committee. A one page letter is preferable.

The applicant may have given you background information about their activities and experiences. There is no need to repeat that information in your letter. If appropriate, please include student's grade and rank in class. Since manual dexterity is important for dentistry, comments from lab instructors are especially valued.

It is helpful if some or all of the following points are addressed:

1. How well do you know the applicant and under what circumstances did you have contact with him/her?
2. What strengths does the applicant possess? Does the applicant have any unique characteristics?
3. Have you observed any particular weaknesses or characteristics which you feel would interfere with a successful dental career?
4. How well does the applicant get along with the faculty and his/her peers?
5. How does the applicant handle disappointing or stressful situations?
6. How do you assess the applicant's emotional maturity?
7. How do you assess the applicant's oral and written communication skills?
8. If possible, please indicate reasons why you feel the applicant should or should not become a dentist?

Send this form and letter by July 1 to:

OSU Predental Committee
College of Science
Kidder 128
Oregon State University
Corvallis, OR 97331

Applicant Information

Letter of recommendation for _____ ID _____

Under the provisions of the Family Educational Rights and Privacy Act, I have waived my right to see the attached letter, and I understand that the contents of such letter will not be available to me now or at any time in the future. Note: do not sign if you wish to retain the right of access to viewing this letter.

Applicant's signature _____ date _____

Revised 12/07