



INDIANA UNIVERSITY

SCHOOL OF DENTISTRY
Department of Pediatric Dentistry
IUPUI

LETTER OF EVALUATION FROM FACULTY MEMBER

APPLICANT: _____

The above applicant is applying for admission to a **Pediatric Dentistry Preceptorship at Indiana University School of Dentistry (IUSD)**. The Indiana University School of Dentistry is grateful for any pertinent material regarding the character, integrity and personality of the applicant, but will particularly appreciate the writer's opinion of the candidate's ability to pursue advanced studies. A careful discrimination between strong and weak characteristics is more valuable than routine praise. Please rank the candidate in relation to other students in the same class or with other people you have known of comparable experience. All information received will be kept confidential.

How long have you known the candidate? _____

During what time period did you interact with the candidate? _____

	Excellent	Good	Average	Poor	No basis for judgement
Intellectual ability					
Leadership					
Critical thinking					
Interpersonal relations					
Oral communication					
Written communication					
Reliability					

Overall opinion of candidate: Outstanding Good Fair Not Recommended

Please provide additional comments regarding this candidate if necessary. _____

Signature _____ Date _____

Printed name _____

Title _____

Department _____

Email address _____

Please email completed form to gradpedo@iupui.edu