

Indiana University Northwest
Department of Dental Education
3400 Broadway – Gary, IN 46408

Recommendation Form for Dental Assisting
Please Print

Name of Applicant _____
Last First Middle

Current Address _____
Last First Middle

The family Educational and Privacy Act of 1974 opens many students records for the student's inspection. The law also permits the student to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver, no signature means the student will have the right to read this reference.

Signature _____ **Date** _____

Please answer the following questions and write detailed and candid comments to assist us in judging this applicant for the purpose stated above. Especially helpful would be information concerning the applicant's academic capabilities based upon past performance.

1) How long have you known the applicant and in what capacity? _____

2) Is the applicant's academic potential greater or less than that indicated by his/her grades? Please *Circle* the appropriate response below. If his/her grades do not reflect the applicant's true potential, please explain briefly).

Much Less Somewhat Less Equal Somewhat Greater Much Greater No Basis for Judgment

Comments: _____

3) Do you believe that the candidate will be successful in this certificate program designated?

4) Detailed comments and recommendations: _____

Name of Referee and Position or Title _____

Address _____

Signature _____