

Postgraduate Program in **ORTHODONTICS**
 Vanderbilt University Medical Center
 Applicant Evaluation Form

Release of access to this recommendation: This applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with federal law, P.L. 93-380

_____ I waive my right to access this recommendation
 _____ I do not waive my right to access this recommendation.

 Name of Applicant (printed or typed) Signature of Applicant Date of Signature

To Be Completed by Recommender

The above named individual has applied for the postgraduate program in Orthodontics at Vanderbilt University. We would appreciate your evaluation of this individual's attitudes and potential for postgraduate education.

1. In what capacity did you have contact with this applicant?
 _____ instructor in lecture course(s) _____ advisor _____ instructor in clinical course(s)
 _____ department chairman _____ other (explain) _____

2. How well do you know this applicant? _____ very well _____ fairly well _____ casually

3. How long have you known this applicant? _____

4. Please evaluate the applicant in the following areas as compared with other individuals you have recommended for advanced training.

	Excellent Upper 10%	Good Upper 20%	Average Upper 50%	Below Average Lower 50%	Not Observed
Emotional Stability					
Ability to do independent work					
Initiative to do more than required					
Ability to work well with others					
Intellectual potential					
Manual dexterity					
Communication skills					
Ability to accept criticism					
Judgement					

5. Please provide a brief narrative evaluation of the applicant (you may use the reverse side of this form).

 Name of Respondent (printed or typed) Signature of Respondent Date of Signature

Thank you for your assistance.
 Please return as soon as possible to: Dr. Harry L. Legan, Professor and Chairman, Vanderbilt Orthodontic Center, 1500 21st Avenue South, Suite #3400, Nashville, TN 37212.