

**REQUEST FOR DEAN'S LETTER OF EVALUATION
FOR GRADUATE AND ADVANCED DENTAL EDUCATION PROGRAMS**

APPLICANT INSTRUCTIONS: Please complete Parts A and B of this form, and present them to the Office of Education when you are requesting a Dean's Letter of Evaluation, also referred to as "Institutional Letter" by PASS.

PART A.

Download "Release for Letter of Recommendation" form at: <http://www.registrar.ufl.edu/pdf/ferparelease.pdf>
Complete, Sign and return form to Office of Education.

PART B.

The following information will be used to formulate your Dean's letter of recommendation. Please complete this form legibly and in its entirety and return to the Office of Education with Part A. Please attach a copy of your curriculum vitae.

STUDENT NAME: _____

Type of program you are applying for:

Briefly describe your **professional goals**. Why you are applying to this advanced education program? (use additional sheet if necessary)

If you were to write your own letter of recommendation, what would you write about yourself in terms of personal or professional accomplishments? What would you like a program director to know about you? (Don't be modest)

Academic honors: please list any academic honors or honorary memberships:
undergraduate:

graduate/dental school:

Academic experience: (beyond formal core curriculum)
related elective courses:

externships: (name of program, location, dates)

international education: (college-sponsored)

Research experience: Did you participate in a research project or prepare a table clinic while enrolled at UFCD? If so, please indicate:

project title: _____

mentor(s): _____

academic year(s) that you worked on the project: _____

list any abstracts or articles that resulted from this research:

Community Service: please list any volunteer or community service experiences while enrolled at UFCD: