Dean’s Response Form

Candidate Section
Please type or print your name

(Last Name) __________________________________________ (First Name) __________________________________________

Application for which Advanced Education Program: ____________________________________________________________

Candidate’s Signature ______________________________________ Graduation Date _______________________________

Dean’s Section

National Board Examination Scores

Part 1

<table>
<thead>
<tr>
<th>Exam Date</th>
<th>Anatomic Sciences</th>
<th>Biochemistry</th>
<th>Microbiology</th>
<th>Dental Anatomy</th>
<th>Average</th>
<th>Reference Number</th>
</tr>
</thead>
</table>

Part 2

<table>
<thead>
<tr>
<th>Exam Date</th>
<th>Overall or Average</th>
</tr>
</thead>
</table>

Dental Class Ranking/Class size _________________________ Cum GPA _____________

Comments: (Additional comments may be attached to this form)

Dean’s Name (Type or Print) ___________________________ (Dean’s Signature) ___________________________

Dental School Name (Type or Print) ___________________ Date (mm/dd/yy) ______________________________

Please return this form to the candidate in a sealed and signed envelope.

The Ohio State University College of Dentistry, Graduate Admissions #200
305 West 12th Avenue, Columbus, Ohio 43210. Phone: (614) 292-1421