

Each recommendation must include the completed Reference Form as well as a separate letter from your recommender written and signed on academic or business letterhead stationery. Recommendations should be requested from professors who are able to comment on your qualifications for graduate study. They should not be requested from a non-academic person unless you have extensive work experience with that individual and/or you have been away from academic institutions for some time. Complete all sections below (this page) and enter your name on the reverse side. Sign and date at the bottom of this page and deliver this form directly to the recommender and ask them to return it, along with their letter, to GradPerioApplications@osu.edu.

Applicant Information

Full Name: _____
Last First M.I.

Email: _____

Program to which applicant is applying:
Advanced Education Program in Periodontics
The Ohio State University College of Dentistry
4103 Postle Hall
305 West 12th Avenue
Columbus, OH 43210

If you have had contact with a faculty member at Ohio State regarding graduate study please indicate the following:

Faculty contact's name Department

Recommender Information

Recommender Name: _____ Title: _____

Institution: _____

Address: _____

Email: _____ Phone: _____

List up to 3 courses you have taken under the direction of this recommender:

Course number	Course title	When taken	Grade

The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his or her right of access to confidential letters or statements written on his or her behalf if the recommendation is used solely for the purposes of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the names of all persons making such recommendations on his or her behalf. The university does not require that you make such a waiver as a condition for admission or award of fellowship or associateship. However, under the legislation you have the option of signing such a waiver as follows:

I hereby waive my right to access to this recommendation and any appropriate attachments which have been written by _____
(insert name of recommender) on behalf of my application to the Advanced Education Program in Periodontics, the Graduate School, The Ohio State University, and for award of a fellowship or associateship, if applicable. This waiver is effective insofar as the recommendation is used solely for the purpose of admission or award of fellowship or associateship, if applicable.

Applicant Printed Name: _____ Date: _____ Applicant Signature: _____

To the recommender:

The applicant named below has applied for admission to the Advanced Education Program in Periodontics of The Ohio State University. Please complete this Reference Form along with a separate recommendation letter written and signed on your official academic or business letterhead stationery. **Return both documents before the program application deadline of August 1.** If you have not had the applicant as a student, please adapt items 3–6 below, if applicable, and explain your knowledge and assessment of the applicant in your recommendation letter. If you do not know this student well, please feel free to say so.

Please return this form, along with your letter, to GradPerioApplications@osu.edu.

Email is the preferred method to receive your recommendation letter and reference form. If you would rather mail the documents, please use the program address listed on the previous page.

Applicant's Last or Family Name/Surname	First	Middle
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1. What is your relationship with the applicant? Teacher/Professor Employer/Supervisor Other _____

2. Do you know the applicant well enough to give him/her a recommendation? Yes No
(If you checked NO, you do not need to complete the rest of this form.)

3. SUMMARY EVALUATION

Compare the applicant with a representative group of students with similar experience and training in the same field. How do you rate the applicant on general research and scholarly ability? (Check one.)

- Outstanding (highest 5%--comparable to the best students)
- Very Good (highest 10%)
- Good (upper 25%--ability easy to identify)
- Average (upper 50%)
- Below Average (lower 50%)

4. RECOMMENDATIONS

I would make the following recommendation for the applicant's admission to the Advanced Education Program in Periodontics:

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

5. I feel that the applicant is qualified to serve as: (check all that apply)

- Graduate Teaching Associate
- Graduate Research Associate
- Master's Candidate
- Doctoral Candidate
- Other _____

6. Some gifted individuals do not perform to their potential. Is the applicant's scholastic record, as you know it, an accurate index of his/her ability?

Ye Yes No Don't know

(If you checked NO, please explain why in your recommendation letter.)

7. RECOMMENDATION LETTER

- a. Use only clearly identified, official academic or business letterhead paper. The letter must be signed by you.
- b. Include the applicant's name on each page of the letter.
- c. Attach your letter to this Reference Form and send them so they arrive no later than **August 1**.
- d. Describe the applicant's qualifications for graduate study. Please discuss topics such as:
 - Intellectual independence
 - Capacity for analytical thinking
 - Ability to work with others
 - Ability to organize and express ideas clearly
 - Drive and motivation
 - Research interests
 - Performance in independent study or in research groups
 - Clinical skills

I have read the recommender information on the front of this Reference Form, including the direct contact number, and have made any necessary corrections. My preferred contact method is:

Phone: _____ Email: _____

Recommender Printed Name: _____ **Recommender Signature:** _____