

Pre-Dental Letter of Recommendation Guidelines and Procedure for Submission

Thank you for writing a letter of recommendation on behalf of this applicant for dental school. Your letter will be copied and included in a packet, which will be sent to the dental schools. Please note whether the applicant has selected the waiver option to permit confidential treatment of the letter. If not, then the applicant has the right of access to this information and it is not confidential.

****Letters must be printed on university, company or personal letterhead and must be signed.****

A one page, single spaced letter is preferable; the maximum length is two pages. ****The applicant may have given you background information about their activities and experiences. There is no need to repeat that information in your letter. If appropriate, please include student's grade and rank in class. Since manual dexterity is important for dentistry, comments from lab instructors are especially valued.*

In the content of your letter, please address some or all of the following points:

- How well do you know the applicant and under what circumstances did you have contact with him/her?
- What strengths does the applicant possess? Does the applicant have any unique characteristics?
- How well does the applicant get along with the faculty and his/her peers?
- How does the applicant handle disappointing or stressful situations?
- How do you assess the applicant's emotional maturity?
- How do you assess the applicant's oral and written communication skills?
- If possible, please indicate reasons why you feel the applicant should become a dentist.

Return this form with your letter by June 15

Online Portal (Preferred)	Email	Mail
You will receive an automated email with a link to upload your signed letter on letterhead.	Scan your letter and attach the file to your email message. Send to: pre-dental.program@oregonstate.edu	OSU Predental Advisor Department of Microbiology Nash 225 Oregon State University Corvallis, OR 97331

Applicant Information

Name _____ ID _____ Major _____

*Under the provisions of the Family Educational Rights and Privacy Act, I have waived my right to see the attached letter, and I understand that the contents of such letter will not be available to me now or at any time in the future.
Note: do not sign if you wish to retain the right of access to viewing this letter.*

Applicant's signature _____ Date _____