

**FACULTY OF DENTISTRY**  
**CONFIDENTIAL EVALUATION FORM**

To be returned by mail to:  
Admissions Office, Faculty of Dentistry, Dalhousie University, Halifax, NS, B3H 1W2

REFEREE'S NAME AND ADDRESS (please print)

APPLICANT'S NAME AND ADDRESS (please print)

---



---



---



---



---



---



---



---

Since the number of qualified applicants to dental school far exceeds the number of positions available in first year, we are anxious to select those individuals whose accomplishments, personal attributes and abilities indicate that they have the greatest potential for dental education and practice.

The following sections are to be completed by the referee. The information in this document will be treated as strictly confidential. The purpose of the reference is to assess the ability of the applicant to undertake professional studies.

**NOTE:** If you do not know the candidate well enough to make a valid assessment, it would be in the interests of both the candidate and the Admissions Committee for you to decline the invitation to evaluate him/her.

**Please indicate with a (✓) on the profile below your opinions of this applicant.**

Profile	Outstanding	Very Good	Good	Fair	Poor	No Basis for Judgment
MOTIVATION FOR DENTISTRY: Knowledge of the scope of Dentistry						
EMOTIONAL STABILITY: Performance under pressure, maturity, response to stress						
INTERPERSONAL RELATIONS: Ability to get along with others, attitudes towards supervision						
EMPATHY: Consideration, tact, courtesy						
JUDGEMENT: Ability to analyze a problem, common sense, decisiveness						
RESOURCEFULNESS: Originality, skillful management of available resources						
RELIABILITY: Dependability, sense of responsibility, promptness, conscientiousness						
COMMUNICATION SKILLS: Clarity of expression, use of English (written and spoken)						
PERSERVERANCE: Stamina, endurance, work habits						
SELF-CONFIDENCE: Assuredness, capacity to achieve with awareness of own strengths and weaknesses						
INTELLECTUAL CURIOSITY: Interest in learning and problem solving, wide interests						

**PLEASE COMPLETE REVERSE SIDE**

IN WHAT CAPACITY HAVE YOU BEEN ASSOCIATED WITH THE APPLICANT?  
(e.g., instructing, academic advising, socially, friend, physician, clergyman, etc.)

---

---

HOW WELL DO YOU KNOW THE APPLICANT? \_\_\_ Very Well \_\_\_ Fairly Well \_\_\_ Slightly

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

WHAT WOULD BE YOUR ATTITUDE TOWARD HAVING THIS APPLICANT IN A RESPONSIBLE POSITION UNDER YOUR DIRECTION?

\_\_\_ Definitely would want him/her \_\_\_ Definitely would not want him/her

\_\_\_ Would be satisfied to have him/her \_\_\_ Unable to judge

TO YOUR KNOWLEDGE, HAS THIS APPLICANT EVER BEEN INVOLVED IN ANY ACTIVITY WHICH MIGHT INDICATE UNSUITABILITY FOR DENTISTRY? \_\_\_ Yes \_\_\_ No

COMMENTS:

(Please address, insofar as possible, the areas you have rated on the reverse page using specific examples, where appropriate, in your overall evaluation of the candidate. Please be thoughtful, personal and thorough.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

SIGNATURE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE ACCEPT THE THANKS OF THE ADMISSIONS COMMITTEE FOR YOUR COOPERATION

**FACULTY OF DENTISTRY  
CONFIDENTIAL EVALUATION FORM**

To be returned by mail to:  
Admissions Office, Faculty of Dentistry, Dalhousie University, Halifax, NS, B3H 1W2

REFEREE'S NAME AND ADDRESS (please print)

APPLICANT'S NAME AND ADDRESS (please print)

---



---



---



---



---



---



---



---

Since the number of qualified applicants to dental school far exceeds the number of positions available in first year, we are anxious to select those individuals whose accomplishments, personal attributes and abilities indicate that they have the greatest potential for dental education and practice.

The following sections are to be completed by the referee. The information in this document will be treated as strictly confidential. The purpose of the reference is to assess the ability of the applicant to undertake professional studies.

**NOTE:** If you do not know the candidate well enough to make a valid assessment, it would be in the interests of both the candidate and the Admissions Committee for you to decline the invitation to evaluate him/her.

**Please indicate with a (✓) on the profile below your opinions of this applicant.**

Profile	Outstanding	Very Good	Good	Fair	Poor	No Basis for Judgment
MOTIVATION FOR DENTISTRY: Knowledge of the scope of Dentistry						
EMOTIONAL STABILITY: Performance under pressure, maturity, response to stress						
INTERPERSONAL RELATIONS: Ability to get along with others, attitudes towards supervision						
EMPATHY: Consideration, tact, courtesy						
JUDGEMENT: Ability to analyze a problem, common sense, decisiveness						
RESOURCEFULNESS: Originality, skillful management of available resources						
RELIABILITY: Dependability, sense of responsibility, promptness, conscientiousness						
COMMUNICATION SKILLS: Clarity of expression, use of English (written and spoken)						
PERSERVERANCE: Stamina, endurance, work habits						
SELF-CONFIDENCE: Assuredness, capacity to achieve with awareness of own strengths and weaknesses						
INTELLECTUAL CURIOSITY: Interest in learning and problem solving, wide interests						

**PLEASE COMPLETE REVERSE SIDE**

IN WHAT CAPACITY HAVE YOU BEEN ASSOCIATED WITH THE APPLICANT?

(e.g., instructing, academic advising, socially, friend, physician, clergyman, etc.)

\_\_\_\_\_  
\_\_\_\_\_

HOW WELL DO YOU KNOW THE APPLICANT?    \_\_\_ Very Well    \_\_\_ Fairly Well    \_\_\_ Slightly

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

WHAT WOULD BE YOUR ATTITUDE TOWARD HAVING THIS APPLICANT IN A RESPONSIBLE POSITION UNDER YOUR DIRECTION?

\_\_\_ Definitely would want him/her                    \_\_\_ Definitely would not want him/her

\_\_\_ Would be satisfied to have him/her            \_\_\_ Unable to judge

TO YOUR KNOWLEDGE, HAS THIS APPLICANT EVER BEEN INVOLVED IN ANY ACTIVITY WHICH MIGHT INDICATE UNSUITABILITY FOR DENTISTRY?    \_\_\_ Yes    \_\_\_ No

COMMENTS:

(Please address, insofar as possible, the areas you have rated on the reverse page using specific examples, where appropriate, in your overall evaluation of the candidate. Please be thoughtful, personal and thorough.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE ACCEPT THE THANKS OF THE ADMISSIONS COMMITTEE FOR YOUR COOPERATION

**FACULTY OF DENTISTRY  
CONFIDENTIAL EVALUATION FORM**

To be returned by mail to:  
Admissions Office, Faculty of Dentistry, Dalhousie University, Halifax, NS, B3H 1W2

REFEREE'S NAME AND ADDRESS (please print)

APPLICANT'S NAME AND ADDRESS (please print)

---



---



---



---



---



---



---



---

Since the number of qualified applicants to dental school far exceeds the number of positions available in first year, we are anxious to select those individuals whose accomplishments, personal attributes and abilities indicate that they have the greatest potential for dental education and practice.

The following sections are to be completed by the referee. The information in this document will be treated as strictly confidential. The purpose of the reference is to assess the ability of the applicant to undertake professional studies.

**NOTE:** If you do not know the candidate well enough to make a valid assessment, it would be in the interests of both the candidate and the Admissions Committee for you to decline the invitation to evaluate him/her.

**Please indicate with a (✓) on the profile below your opinions of this applicant.**

Profile	Outstanding	Very Good	Good	Fair	Poor	No Basis for Judgment
MOTIVATION FOR DENTISTRY: Knowledge of the scope of Dentistry						
EMOTIONAL STABILITY: Performance under pressure, maturity, response to stress						
INTERPERSONAL RELATIONS: Ability to get along with others, attitudes towards supervision						
EMPATHY: Consideration, tact, courtesy						
JUDGEMENT: Ability to analyze a problem, common sense, decisiveness						
RESOURCEFULNESS: Originality, skillful management of available resources						
RELIABILITY: Dependability, sense of responsibility, promptness, conscientiousness						
COMMUNICATION SKILLS: Clarity of expression, use of English (written and spoken)						
PERSERVERANCE: Stamina, endurance, work habits						
SELF-CONFIDENCE: Assuredness, capacity to achieve with awareness of own strengths and weaknesses						
INTELLECTUAL CURIOSITY: Interest in learning and problem solving, wide interests						

**PLEASE COMPLETE REVERSE SIDE**

IN WHAT CAPACITY HAVE YOU BEEN ASSOCIATED WITH THE APPLICANT?  
(e.g., instructing, academic advising, socially, friend, physician, clergyman, etc.)

---

---

HOW WELL DO YOU KNOW THE APPLICANT?     Very Well     Fairly Well     Slightly

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

WHAT WOULD BE YOUR ATTITUDE TOWARD HAVING THIS APPLICANT IN A RESPONSIBLE POSITION UNDER YOUR DIRECTION?

Definitely would want him/her                   Definitely would not want him/her

Would be satisfied to have him/her                   Unable to judge

TO YOUR KNOWLEDGE, HAS THIS APPLICANT EVER BEEN INVOLVED IN ANY ACTIVITY WHICH MIGHT INDICATE UNSUITABILITY FOR DENTISTRY?     Yes     No

COMMENTS:

(Please address, insofar as possible, the areas you have rated on the reverse page using specific examples, where appropriate, in your overall evaluation of the candidate. Please be thoughtful, personal and thorough.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

SIGNATURE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE ACCEPT THE THANKS OF THE ADMISSIONS COMMITTEE FOR YOUR COOPERATION