## School of Dentistry University of Washington Evaluation of Applicant to Postdoctoral Research Training Program

In accordance with the Family Education Rights and Privacy Act of 1974, before requesting an evaluation, please check and sign below

**Applicant :** I waive my right of access to this letter of recommendation

I retain my right of access to this letter of recommendation

Signature of Applicant Date

Name of Evaluator

**Department** 

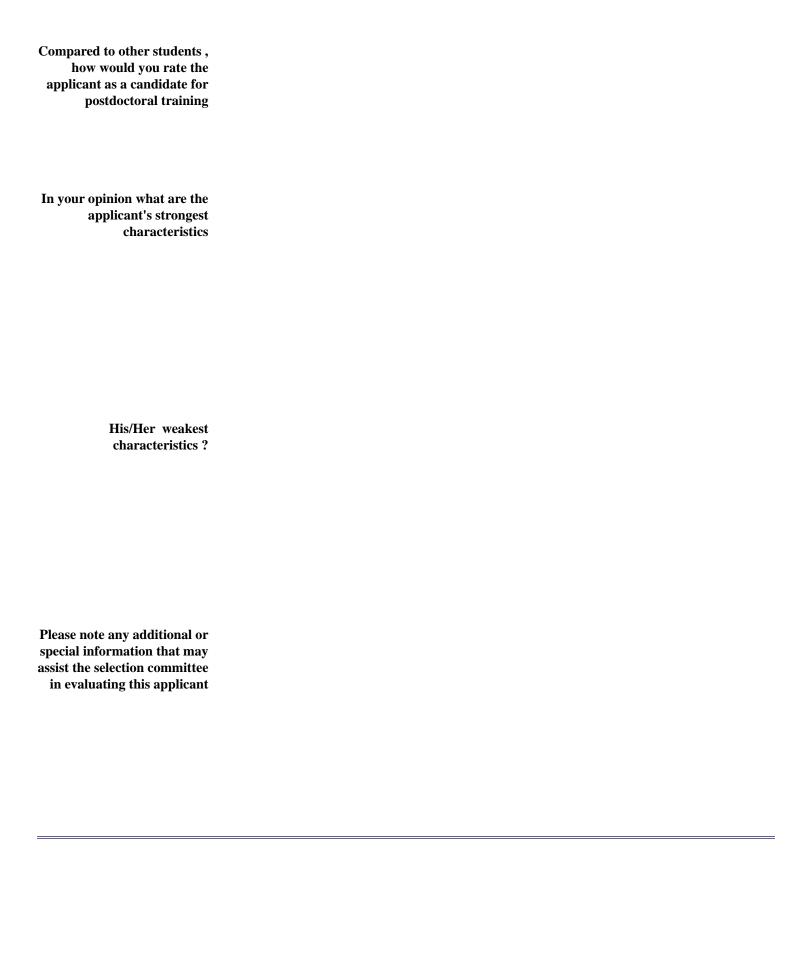
Institution

This form has been prepared to provide information helpful in evaluating the applicant's records and to expedite the process of providing information concerning applicants to the Postdoctoral Research Program at the University of Washington School of Dentistry. We would appreciate your cooperation in completing this form

How well do you know the applicant? How long? Under what circumstances?

Describe your overall impression of the applicant with respect to his/her personality, character, and integrity.

Describe the applicant's academic and intellectual performance and capabilities.



	Not Recommended	Recommended with some reservations	Recommended	Highly Recommended
Please indicate the strength of your overall endorsement by pacing an X along the scale				

You may also include a letter of recommendation in addition to this completed evaluation form.

This form should be sent via e-mail to dentres@uw.edu or can be mailed directly to:

School of Dentistry Office of Research University of Washington Box 357480 Seattle, WA 98195-7480