

**Department of Endodontics
School of Dentistry
University of Washington**

Class Standing of Applicants for Admission to Postdoctoral Training Programs

Applicant: Please sign the release on the back and forward this form to your Dean of Academic Affairs

TO: _____

NAME OF APPLICANT _____

DATE OF GRADUATION _____

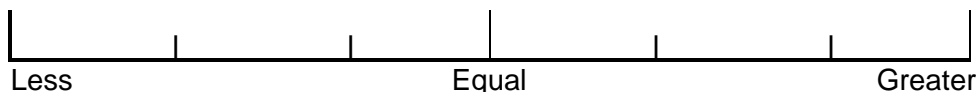
PROGRAM APPLIED FOR _____

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 for admission to the Graduate Program in Endodontics at the University of Washington. We would appreciate your cooperation in completing this form.

1. Relative academic class standing:

	No. in Class	Standing	G.P.A.
1st year	_____	_____	_____
2nd year	_____	_____	_____
3rd year	_____	_____	_____
4th year	_____	_____	_____
Overall	_____	_____	_____

2. Is the applicant's potential greater or less than that indicated by grades (insert "X" on line)?



3. Was applicant elected to OKU? _____ Did he/she receive other honors? _____

If yes, describe _____

4. Did applicant exhibit an inclination towards research? _____

Describe any research projects undertaken by applicant _____

5. Was applicant active in any student organizations? _____

6. Compared to other students, would you rate the applicant as a candidate for advanced work as (outstanding, above average, average, below average)? Please elaborate _____

7. Would the applicant be acceptable as a postdoctoral fellow in a program at your institution? _____

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

9. Did the applicant interact well with the faculty? _____
_____ with his/her classmates? _____

10. Please note any additional or special information that may assist the Graduate Admissions Committee in evaluating this applicant.

Signature _____
Title _____
Date _____

**This form should be mailed directly to: University of Washington
Department of Endodontics
Box 357448
Seattle, WA 98195-7448**

The University of Washington reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran in accordance with University policy and applicable federal and state statutes and regulations.

Applicant's Statement:

I authorize the release of the above-requested information to the University of Washington School of Dentistry, Department of Endodontics.

Name (please print) _____
Signature _____
Date _____