

**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.

**Compared to other students ,
how would you rate the
applicant as a candidate for
postdoctoral training**

**In your opinion what are the
applicant's strongest
characteristics**

**His/Her weakest
characteristics ?**

**Please note any additional or
special information that may
assist the selection committee
in evaluating this applicant**

Not Recommended	Recommended with some reservations	Recommended	Highly Recommended
Please indicate the strength of your overall endorsement by placing 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**