

**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**

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**Name of Evaluator**

**Department**

**Institution**

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**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**

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	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](mailto:dentres@uw.edu) or can be mailed  
directly to:

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Office of Research  
University of Washington  
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Seattle, WA 98195-7480