

**USD DEPARTMENT OF DENTAL HYGIENE
Reference**

Dental Professional, College Instructor, Employer, or Personal

I _____ waive the right to review this recommendation.
(Print Applicant's Name)

I understand this will be kept confidential. _____
Applicant Signature Date

The above named applicant is applying for admission to the Dental Hygiene Program at The University of South Dakota. Please complete this form, place in a sealed envelope with your signature across the seal, and return to applicant. The applicant will submit your reference with the application to USD Dental Hygiene. The statements you make will be regarded as confidential.

Please rate the qualities of this applicant based on the following:

	Superior	Good	Fair	Poor	Unable to Evaluate	Comments
Initiative/Motivation						
Dependability						
Integrity						
Work Attitude						
Responsibility						
Organizational Skills						
Communication Skills						
Problem Solving						
Compassion						
Maturity						
Overall Potential as Dental Hygienist						

1. In what capacity and for how long have you known the applicant?

2. If you have other information that you feel would be significant to the Selection Committee in the evaluation of this applicant's qualifications, please provide that information (use back of sheet if necessary).

3. In consideration of the total perspective, please rate the applicant:

Highly recommend Recommend Serious reservations

Print Name

Signature

Title

Contact Information