

**USD DEPARTMENT OF DENTAL HYGIENE**

**Reference**

One from each category: Dental Professional; College Instructor; Employer or Personal

\_\_\_\_\_  
(Print Applicant's Name)

\_\_\_\_\_  
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 and either return to applicant; e-mail to dh@usd.edu; or mail to Selection Committee, USD Dental Hygiene, 414 E. Clark St., Vermillion, SD 57069.

**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 or additional 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