

**CONFIDENTIAL RATING OF:**

**Name of Applicant:** \_\_\_\_\_  
(please print)

**CONFIDENTIAL**

**RECOMMENDATION FORM FOR APPLICANTS FOR ADMISSION TO  
THE LOUISIANA STATE UNIVERSITY SCHOOL OF DENTISTRY  
DENTAL HYGIENE PROGRAM**

Applications to the LSU School of Dentistry are required to have their qualifications rated by a faculty member. A frank analysis will be appreciated and considered confidential by the Committee on Admissions. Thank you for your efforts on behalf of this applicant. This form should be mailed directly to:

LSUSD - Office of Student Admissions  
1100 Florida Ave., Box 228  
New Orleans, LA 70119

Student's Name \_\_\_\_\_ College \_\_\_\_\_ Date \_\_\_\_\_

QUALIFICATIONS	SUPERIOR	GOOD	AVERAGE	POOR	NO OPINION	SPECIAL COMMENT
Judgment (common sense)						
Scholastic ability						
Integrity						
Ability to get along with people						
Stability						
Serious interest in work						
Speed or ease of learning						
Consistency of effort						
Forcefulness						
Neatness						
Speech						
Poise						
Courtesy						
Alertness						
Initiative						
Leadership						
Tact						
Originality						
Efficient use of time						
Willingness to cooperate						

Other characteristics of particular significance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Apparent weaknesses \_\_\_\_\_

\_\_\_\_\_

**How long have you known the applicant?**

**Overall rating of scholastic qualifications:**

**Superior      Good      Average      Doubtful      Poor**

**Overall rating of personal qualifications:**

**Superior      Good      Average      Doubtful      Poor**

**This candidate is:**

\_\_\_\_\_ **recommended without qualification**

\_\_\_\_\_ **recommended conditionally**

\_\_\_\_\_ **not recommended**

**Additional remarks** \_\_\_\_\_

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\_\_\_\_\_  
*Signature* *Title*

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
*Department*

\_\_\_\_\_  
*College*