

DOCTOR OF SCIENCE IN DENTISTRY PROGRAM WITHOUT CLINICAL CERTIFICATE CANDIDATE EVALUATION FORM



Please type this information online and then print the completed application for submission. **(Do not hand write.)**

Applicant's Name _____

Referee Name _____

Street Address _____

City _____ State _____ Zip _____

Country _____

Email Address _____

How well do you know applicant _____

EVALUATION CATEGORY	RATING (USE SCALE BELOW)	COMMENTS
Knowledge and Creativity	_____	_____
Communication Skills	_____	_____
Teamwork	_____	_____
Resilience	_____	_____
Planning and Organization	_____	_____
Ethics and Integrity	_____	_____
Overall Evaluation	_____	_____

RATING SCALE

- 1 = Below Average
- 2 = Average
- 3 = Above Average
- 4 = Outstanding (Top 5%)
- 5 = Truly Exceptional (Top 1%)

MAILING ADDRESS

Evaluators, please send the completed form directly to Penn Dental Medicine; evaluations must be sent by the evaluators not the candidate. Please send to:

Robert Schattner Center
Penn Dental Medicine
Office of Graduate Dental Education
240 South 40th Street, 3rd Floor, Evans Building
Philadelphia, PA 19104-6030