

**Del Mar College
Dental Hygiene Program
Letter of Recommendation Form**

Instruction to Applicant: Complete the information within these lines. Provide this form and an envelope addressed to the Del Mar College Dental Hygiene Program from whom you are requesting a Letter of Recommendation Form. This form must be sent directly to the Dental Hygiene Program by the individual providing the recommendation. You may copy this form if additional copies are needed.

Applicant Name (please print) _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (P. L. 93-380), a student has access to all files pertaining to the students with the exception of those documents to which (s)he has waived right of access.

I hereby waive my right of access to this recommendation information

or

I hereby do not waive my right of access to this recommendation information

Applicant Signature: _____ Date: _____

Instructions to Recommender: The above named applicant has asked you to provide a recommendation on his or her behalf, for admission to the Del Mar College Dental Hygiene Program. The due date for receipt of application materials is March 1st.

How long and in what capacity have you known the applicant? _____

Compared to other individuals at the same point in his/her academic and/or professional career, this applicant falls into which category.						
	Exceptional	Above Average	Average	Below Average	Poor	No basis for evaluation
Analytical Ability						
Scholastic Aptitude						
Breadth of Knowledge						
Oral Communication Skills						
Written Communications Skills						
Ability to Work Independently						
Ability to Work with Others						
Flexibility						
Leadership Ability						
Maturity						
Professionalism						
Personal integrity						
Initiative, Motivation & Perseverance						
Originality & Creativity						

Please indicate your overall endorsement of this applicant:

Highly Recommend Recommend Recommend with Reservation Do Not Recommend

Comments: _____

Name & Title (please print) _____

Signature: _____ Date: _____

This completed form should not be handled by the applicant.

All application materials are to be sent to:
Del Mar College
Dental & Imaging Technology Department
Dental Hygiene Program
101 Baldwin, Corpus Christi, Texas 78404