



LOMA LINDA UNIVERSITY

Personal Recommendation Form

(This section to be completed by applicant)

Applicant's Name:

Program/major for which applying:

Last

First

Middle

BS - DENTAL HYGIENE

Under the federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater utility in the assessment of a student's qualifications, abilities, and promise. We invite you, therefore, but do not require you, to waive these rights. You may, however, expressly decline to do so.

A SIGNATURE is required for either statement A or statement B below. Please check one:

- ☐ **A.** I have waived my right to inspect this letter of reference and hereby inform referent that this letter will be kept strictly confidential.
- ☐ **B.** Recommender is advised that I have retained my right to inspect this letter of recommendation and that I may have access to this recommendation.

Signature

Date

If the applicant has taken courses from the recommender, please list the courses:

Course Number	Course Title	Dates Taken	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE TO RECOMMENDER: The Admissions Committee seeks students who have the capacity to succeed academically and professionally and who show promise of commitment to serving mankind. Your frank appraisal will assist the Admissions Committee in evaluating the applicant's qualifications. Please return this completed form as soon as possible to the address at the bottom of this form.

- 1) In what relationship and for how long have you known the applicant?
- 2) To what degree does the applicant's grades reflect his/her academic potential?
- 3) Please describe any personality, physical or emotional characteristics that you believe may be important to the applicant's success.
- 4) Describe the degree to which the applicant would be supportive of the Christian lifestyle and distinctive mission of LLU to "further the healing and teaching ministry of Jesus Christ, to make man whole" (see <http://www.llu.edu/llu/handbook/stand.htm> for lifestyle information and <http://www.llu.edu/llu/llumission.htm> for the LLU mission).
- 5) Please note any additional or special information that may assist the admissions committee in evaluating this applicant.

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Rate the applicant's qualifications:

Please rate the applicant on the following qualifications by marking the appropriate lines:

	Outstanding (Upper 10 %)	Excellent (Upper 25%)	Good (Upper 50%)	Below Average (Lower 50%)	No basis for judgment
Intellectual ability	_____	_____	_____	_____	_____
Commitment to service	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Self-motivation	_____	_____	_____	_____	_____
Interpersonal relationships	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Personality	_____	_____	_____	_____	_____
Oral expression/Knowledge of English Language	_____	_____	_____	_____	_____

Please indicate your overall recommendation based on:

	Highly Recommended	Recommended	Recommended With Reservations	Not Recommended
Academic qualifications	_____	_____	_____	_____
Non-academic qualifications	_____	_____	_____	_____

Recommender's Information:

Name _____

Signature _____

Position/Title _____

Address _____

Telephone _____

(Daytime)

Date _____

Return to:
Office of Admissions
Loma Linda University
School of Dentistry
Loma Linda, CA 92350