Please mail form to:
Dental Hygiene Programs
New York University College of Dentistry
345 East 24th Street, Room 3W, New York, NY 10010
Please specify “Dental Hygiene Programs” when requesting and mailing your materials.

DENTAL HYGIENE PROGRAM
RECOMMENDATION FORM

Applicants: This form is required. Complete section 1 and then give this form to the person completing your recommendation, along with a stamped envelope addressed to the NYUCD Dental Hygiene Program so that they may mail the completed recommendation directly to the dental hygiene program. Please notify them that a letter of support on company letterhead is required along with the recommendation form.

You may also have your recommender give you the sealed recommendation back directly to you. When you receive your sealed recommendation form & letter, leave the documents in its signed envelope and mail the documents to the dental hygiene program using the address above.

### SECTION 1: (To be Completed by Applicant)

Applicant Name: ____________________________

Under the Family and Educational Rights and Privacy Act (FERPA) of 1974, as amended, students are guaranteed access to educational records concerning them, unless that right is waived. Please select the appropriate phrase below and sign your name.

- [ ] I waive my right of access to this recommendation form.
- [ ] I do not waive my right of access to this recommendation form.

Applicant Signature: ____________________________

Date: ____________

### SECTION 2: (To be Completed by Recommender)

Name of Recommender: ____________________________

Recommender’s Title: ____________________________

Recommender’s Telephone Number: ____________________________

In what capacity have you known the applicant? How Long? ____________________________

Recommender Signature: ____________________________

Date: ____________

Recommender: The above named applicant has asked you to provide a recommendation on his or her behalf, for admission to the New York University College of Dentistry Dental Hygiene Program. The categories below provide a list of representative traits or behaviors is provided to assist you in evaluating the applicant. Please check the most appropriate box for each category. We ask that you support your selections with a separate letter on your company’s letterhead with this form. Please mail the form and letter to the address above.

<table>
<thead>
<tr>
<th>Category</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>No basis for evaluation</th>
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</thead>
<tbody>
<tr>
<td>INTEGRITY – Takes responsibility for her/his work; readily admits mistakes and takes corrective action. Demonstrates honesty and ethical behaviors.</td>
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<td>PROFESSIONALISM – Responds to corrective criticism in a positive manner, demonstrates respect for others, and presents a neat, clean appearance.</td>
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<td>INITIATIVE &amp; MOTIVATION – Demonstrates a commitment to learning new things and pays attention to quality. Works independently or as a team member, as appropriate.</td>
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<td>PSYCHOMOTOR SKILLS - Exhibits manual dexterity, eye-hand coordination, and is able to produce results with precision and accuracy.</td>
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<td>COMMUNICATION SKILLS - Expresses thoughts clearly and is able to interact and relate with a diverse group of people. Is sensitive to and respects cultural differences.</td>
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<td>ORGANIZATIONAL SKILLS - Is able to complete assigned tasks in a reasonable amount of time in an efficient and organized manner, records data legibly and accurately, and maintains a clean and orderly work area.</td>
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