



SCHOOL OF DENTAL MEDICINE
CASE WESTERN RESERVE
UNIVERSITY

Thank you for your interest in our advanced education programs. We offer six advanced education programs. All advanced education programs are accredited by the Commission of Dental Accreditation of the American Dental Association and are board-eligible programs for the respective specialty boards except the Restorative Fellowship and the Orthodontic Fellowship.

The programs in endodontics, orthodontics, and periodontics are master's degree programs (M.S.D.) with a certificate granted upon completion of the degree requirements. Foreign trained applicants are accepted into the programs offered by the departments of endodontics, orthodontics, and periodontics. Additionally, foreign trained dentists are eligible for the master's program in pediatric dentistry.

The residency program in advanced education in general dentistry is a certificate-only program.

The residency program in pediatric dentistry is a certificate program with an option to pursue a master's degree.

The residency program in oral and maxillofacial surgery is a joint program with the School of Medicine leading to the M.D. degree and a certificate in oral and maxillofacial surgery. A certificate-only program in oral surgery may be available at the discretion of the department.

Applicants selected for residency programs in Oral & Maxillofacial Surgery or Pediatric Dentistry MUST be U.S. citizens or permanent residents. Applicants selected for residency programs in Advanced General Dentistry, Oral & Maxillofacial Surgery, or Pediatric Dentistry must be eligible for licensure or intern certificate issued by the State of Ohio, and must be a graduate of a dental school accredited by the Commission on Dental Accreditation of the American Dental Association.

For further information or an application package, please send your complete name and address and program of interest to:

Office of Graduate Studies
School of Dental Medicine
Case Western Reserve
University
10900 Euclid Avenue
Cleveland, OH 44106-4905

Voice: 216-368-1168
Fax: 216-368-0145
Email: dentalgrad@case.edu

Dear Applicant:

Thank you for your interest in the pediatric dentistry program at CASE School of Dental Medicine and University Hospitals of Cleveland. Applicants for this program who want to be paid residents **must** be graduated from an accredited North American or Puerto Rican dental school and **must** be U.S. citizens or permanent residents. Foreign-trained dentists are eligible to apply to the program as M.S.D. students, but only after completing a US-based GPR or AEGD. Foreign-trained dentists and non-US citizens are not eligible to receive hospital stipends.

The application deadline is November 1.

Our pediatric dentistry applications go through PASS. You can apply online at www.adea.org

If you are applying ONLY to CWRU, you may apply directly to our program using the CWRU application. This application fee is \$125.00.

In addition to the PASS materials, we require the following items to be sent directly to the Case School of Dental Medicine, Office of Graduate Studies, 10900 Euclid Avenue, Cleveland, OH, 44106-4905:

- \$125 application fee (payable to Case)
- photo
- undergraduate transcript (if you have one)
- Match number (you can apply at www.natmatch.com/dentres)

Please read the enclosed information carefully. If we can assist you further, please contact our Office of Graduate Studies (216) 368-1168 or via email at dentalgrad@case.edu.

Sincerely,

Dr. Gerald Ferretti
Program Director and Department Chairman

Enclosures

Postgraduate study in Pediatric Dentistry at Case Western Reserve University School of Dental Medicine and Rainbow Babies and Children's Hospital is an intense educational experience.

Our two-year post doctoral residency program follows closely the principles and policies as outlined in the Guidelines for Advanced Education in Pediatric Dentistry prepared by the American Academy of Pediatric Dentistry and the American Board of Pediatric Dentistry. It is fully accredited by the Commission on Dental Accreditation. Successful completion results in a certificate of specialty education in pediatric dentistry which qualifies the resident for examination by the American Board of Pediatric Dentistry. There is also an option for students to receive the M.S.D. Students who elect to complete the Master's program pay full tuition. The M.S.D. program is open to non-US citizens and foreign-trained dentists. Foreign-trained dentists MUST complete a US GPR or AEGD before applying to the program.

Our purpose is to train the specialist as a qualified practitioner, consultant and advocate for complete dental treatment of healthy and special needs children.

The acquired skills prepare the pediatric dental resident to prevent, diagnose and treat common and unusual oral problems that might arise during the physical, psychological and emotional development of the child and adolescent. In addition to the oral aspects of childcare, the resident becomes cognizant of the general health problems related to children.

Our program offers a balanced clinical and didactic curriculum in advanced infant, child and adolescent dental care.

The pediatric dentistry curriculum is designed to have the resident play an integral role in the health care of children, side by side with his/her medical colleagues, and to prepare the resident for successful entry into the contemporary practice setting while providing the foundation for future growth in the field. The CASE School of Dental Medicine program provides a full range of clinical experiences in pediatric dental care. The curriculum is designed to assist the pediatric dental resident to develop a knowledge foundation and clinical skill level which will allow successful entry into a pediatric dentistry career. Required courses include, but are not limited to, behavioral management, facial growth and development, craniofacial anomalies, hospital dentistry, conscious sedation, conferences, case presentation seminars, pediatric dentistry board literature review, preventive and interceptive orthodontics, genetics and pharmacology. In addition, rotations are arranged in the hospital departments of anesthesia, pediatric and emergency medicine. A research requirement must be fulfilled for certification in pediatric dentistry. Students enrolled in the M.S.D. program must complete a formal thesis.

Stipend and Tuition (*approximate figures subject to change*)

- First-year stipend (see <http://dental.case.edu/grad/programs.html>) for paid hospital residents
- Second-year stipend (see <http://dental.case.edu/grad/programs.html>) for paid hospital residents
- Unpaid hospital residents enrolled in the MSD program do **NOT** receive a stipend
- Paid hospital residents also receive health insurance
- Unpaid hospital residents may purchase student health insurance for an additional cost per semester
- Residents in the certificate-only program pay tuition (see <http://dental.case.edu/grad/programs.html>)
- MSD students pay tuition per year (see <http://dental.case.edu/grad/programs.html>)
- Pediatric dental residents are on call every fourth week during their two-year training program.

Facilities

The Pediatric Dental Center is located in a prime location in Rainbow Babies and Children's Hospital. The hospital emphasizes team-oriented specialty care for children from birth through adolescence. The Pediatric Dental Center is a modern state-of-the-art six operatory facility including two quiet rooms and full radiographic equipment. There is a large reception area, business office, and functional laboratory. The support staff includes three dental assistants and two front desk staff.

Program Strengths

Rainbow Babies and Children's Hospital is a primary and tertiary care center for pediatric health care in Northeast Ohio. Consequently, the outpatient clinic offers comprehensive clinical experience in management of medically compromised patients. In addition, extensive opportunities are available for the management of traumatic dental injuries.

A large population base of dentally and medically compromised children provides ample dental experience in all aspects of pediatric dentistry

The diverse backgrounds and expertise of the clinical faculty allow for excellent clinical training in behavior management, preventive dentistry, interceptive orthodontics and operating room experience, as well as those aspects of pediatric dental care considered to be traditional pediatric dentistry.

Application Guidelines

Applications go through PASS. You can apply online at www.adea.org

In addition to the PASS materials, we require the following items to be sent directly to the Case School of Dental Medicine, Office of Graduate Studies, at the address listed below:

- \$75 application fee (payable to Case)
- photo
- undergraduate transcript (if you have one)
- Match number (you can apply at www.natmatch.com/dentres)

ACCEPTANCE IS BASED UPON THE FOLLOWING CRITERIA:

- Applicants to the residency program **must** have a D.M.D. or equivalent degree from a dental school accredited by the Commission on Accreditation of the American Dental Association, and **must** be a U.S. citizen or permanent resident
- Foreign-trained dentists **who have completed a US GPR or AEGD** are eligible to apply to the M.S.D. program in pediatric dentistry. Applicants to the M.S.D. program do not have to be US citizens or permanent residents.
- The most qualified applicants will have scored an 85 or higher on NDBE Part I, will have at least a 3.0 or B average and/or be ranked in the top third of their graduating class.
- No single criterion from the above will serve as a basis for decision making, rather the overall qualifications of the applicant will be evaluated

Direct all correspondence to: CASE School of Dental Medicine
Office of Graduate Studies
10900 Euclid Avenue
Cleveland, OH 44106-4905 U.S.A.

Program Name **Case School of Dental Medicine
Department of Pediatric Dentistry**

Program Address **10900 Euclid Avenue, Cleveland, OH 44106-4905**

Program Length and Number of Positions 2 year program, 4 positions

Program Type Certificate or Certificate with M.S.D.

Application Students apply through PASS. In addition to PASS, students must submit undergraduate (pre-dental) transcripts, 2x2 photo, and \$75 application fee (payable to Case) directly to: Case School of Dental Medicine, Office of Graduate Studies, 10900 Euclid Avenue, Cleveland, OH 44106-4905. Students must also get a Match number. The application deadline is November 1.

Description Postgraduate study in Pediatric Dentistry at Case Western Reserve University School of Dental Medicine and Rainbow Babies and Children's Hospital is an intense educational experience.

Our two-year post doctoral residency program follows closely the principles and policies as outlined in the Guidelines for Advanced Education in Pediatric Dentistry prepared by the American Academy of Pediatric Dentistry and the American Board of Pediatric Dentistry. It is fully accredited by the Commission on Dental Accreditation. Successful completion results in a certificate of specialty education in pediatric dentistry which qualifies the resident for examination by the American Board of Pediatric Dentistry. There is also an option for students to receive the M.S.D. Our purpose is to train the specialist as a qualified practitioner, consultant and advocate for complete dental treatment of healthy and special needs children.

The acquired skills prepare the pediatric dental resident to prevent, diagnose and treat common and unusual oral problems that might arise during the physical, psychological and emotional development of the child and adolescent. In addition to the oral aspects of childcare, the resident becomes cognizant of the general health problems related to children.

Our program offers a balanced clinical and didactic curriculum in advanced infant, child and adolescent dental care.

The pediatric dentistry curriculum is designed to have the resident play an integral role in the health care of children, side by side with his/her medical colleagues, and to prepare the resident for successful entry into the contemporary practice setting while providing the foundation for future growth in the field.

Curriculum : courses include Behavioral Management, Anatomy, Epidemiology & Biostatistics, Microbiology, Facial Growth and Development, Craniofacial Anomalies, Hospital Dentistry, Conscious Sedation, Literature Review, Preventive and Interceptive Orthodontics, Genetics, Pharmacology, and hospital rotations in the departments of Anesthesia, Pediatric, and Emergency Medicine. A research requirement must be fulfilled for certification in pediatric dentistry. Students enrolled in the M.S.D. program must complete a formal thesis.

Program Stipend and Tuition refer to our website at <http://dental.case.edu/grad/pedo/apply.html>.

Facilities The Pediatric Dental Center is located in a prime location in Rainbow Babies and Children's Hospital. The hospital emphasizes team-oriented specialty care for children from birth through adolescence. The Pediatric Dental Center is a modern state-of-the-art six operatory facility including two quiet rooms and full radiographic equipment. There is a large reception area, business office, and functional laboratory. The support staff includes six dental assistants and two front desk staff.

Admission Requirements Applicants to the residency program **must** have a D.M.D. or equivalent degree from a dental school accredited by the Commission on Accreditation of the American Dental Association, and **must** be a U.S. citizen or permanent resident

Foreign-trained dentists **who have completed a US GPR or AEGD** are eligible to apply to the M.S.D. program in pediatric dentistry. Applicants to the M.S.D. program do not have to be US citizens or permanent residents.

The most qualified applicants will have scored an 85 or higher on NDBE Part I, will have at least a 3.0 or B average and/or be ranked in the top third of their graduating class.

No single criterion from the above will serve as a basis for decision making, rather the overall qualifications of the applicant will be evaluated

Program Strengths Rainbow Babies and Children's Hospital is a primary and tertiary care center for pediatric health care in Northeast Ohio. Consequently, the outpatient clinic offers comprehensive clinical experience in management of medically compromised patients. In addition, extensive opportunities are available for the management of traumatic dental injuries.

A large population base of dentally and medically compromised children provides ample dental experience in all aspects of pediatric dentistry

The diverse backgrounds and expertise of the clinical faculty allow for excellent clinical training in behavior management, preventive dentistry, interceptive orthodontics and operating room experience, as well as those aspects of pediatric dental care considered to be traditional pediatric dentistry.

School Profile

Program Type:	2 year certificate program, optional M.S.D.
Program Director:	Dr. Gerald A. Ferretti, DDS, MS, MPH
Program Faculty:	See website
Program Length:	24 Total Months Month Date Start Date July 1
Program Accreditation:	Fully accredited
State Licensure:	
No. of entering positions:	4
Tuition in-state:	See web-site
Salary/Stipend:	See web-site
Application:	\$ 75 Fee Month Date November 11 is the application deadline
Participant in National Matching Service:	YES
Participant in PASS:	YES
Only US citizens from ADA accredited dental schools considered:	YES –these applicants qualify for the stipend
US citizens from foreign dental schools considered:	YES (for MSD candidates only) – these applicants do not qualify for the stipend
Non-US citizens from	NO

**ADA
accredited dental
schools
considered:**

**Non-US citizens from
foreign
dental schools
considered:**

NO

Clinic Experience:

Orthodontics
Conscious Sedation
Hospital Rotations
Anesthesia
Emergency Call
Operating Room
Oral Surgery
Infant Oral Health
Medically Compromised
Mentally Disabled
Craniofacial Disorder
Physically Disabled

Didactic Experience:

Seminars
Literature Review
Courses
Case Conferences

Research Requirement:

YES – thesis required of MSD students; certificate-only program also has a research requirement

Teaching Experience:

2 Clinic Half-Days (2nd year residents)
1 Lecture/Presentations per week (all residents)

Facilities:

6 Chair/Operatories
2 Clinic Receptionist
6 Dental Assistants
2 Dental Hygienists

CASE WESTERN RESERVE UNIVERSITY
SCHOOL OF DENTAL MEDICINE

Advanced Education and Residency Programs
APPLICATION FOR ADMISSION

INSTRUCTIONS FOR COMPLETING APPLICATION:

Please print or type all information requested. Mark with N/A those questions that are not applicable. Attach additional sheets as necessary. The following must be received on or before the date stipulated by the Department in which you wish to enroll:

- ✓ The completed application
- ✓ Official transcripts of your undergraduate college and professional school records
- ✓ Three recommendations from basic science and clinical dentistry instructors or other individuals competent to evaluate your qualifications and abilities. (Please use the forms enclosed with this application.)
- ✓ A current curriculum vitae
- ✓ Official copy of National Dental Board Examination (NDBE) scores
- ✓ Photo (*optional at this time – if you are invited for an interview you must bring a 2 x 2 photo with you*)
- ✓ Non-refundable application fee
- ✓ **For International Applicants:** an official copy of Graduate Record Exam scores may be submitted in place of NDBE scores (GRE information can be obtained at www.gre.org); an official TOEFL score must be also be submitted (information on TOEFL can be obtained at www.toefl.org)

If you have questions regarding your application or need specific information you may telephone (216) 368-1168 or email dentalgrad@cwru.edu.

Mail completed application and application fee, and have recommendations, test scores, and transcripts sent to:

Case School of Dental Medicine
Office of Graduate Studies
10900 Euclid Avenue
Cleveland, OH 44106-4905 USA

CASE WESTERN RESERVE UNIVERSITY
SCHOOL OF DENTAL MEDICINE

Advanced Education and Residency Programs
APPLICATION FOR ADMISSION

Date of Application: _____

I am applying for admission to the Department of _____ for enrollment in the program beginning in July 20____ .

Place of birth _____ Date of birth _____.

Sex: ___M ___F

Social Security Number: _____ - _____ - _____ MATCH number _____

Name: _____
(last or family) (first) (middle)

Present mailing address (street and number) _____

(city) _____ (state) _____ (zip or postal code) _____

(country if not US) _____ This address is valid until _____.

Home phone number _____ Other phone number(s) _____

Email address _____

Are you available for a personal interview? yes no

Colleges or Universities attended:

Undergraduate	Major Field	Degree	Dates Attended	Grade Point Average (GPA)

Graduate or Professional Schools	Major Field	Degree (received or expected)	Dates Attended	Class Standing (rank and class size)	GPA

Do you feel that your GPA reflects reasonably accurately your true ability and potential?

yes no If no, please explain: _____

National Dental Board Examination Scores (average): Part I _____ Part II _____

GRE Score: _____

Are you interested in a possible career in academic dentistry?

yes no full-time part-time no

Describe the general condition of your health _____

If you are not a U.S. citizen

- Country of citizenship _____
- Indicate type of visa (*student, visitor, immigrant, other*) _____
- Have you taken TOEFL (*Test of English as a Foreign Language*)?
 yes no Score _____ Computer –based Paper-based _____
- Please describe your anticipated financial support during your period of graduate study: _____

On (date) _____ I requested that transcripts of all my previous work be sent to you.

You might receive my transcripts under the name: _____

Name in full

Ethnicity/Race:

Spanish.Hispanic/Latino/Latina:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mexican/Mexican American/Chicano/Chicana	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cuban	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Puerto Rican	<input type="checkbox"/> Yes	<input type="checkbox"/> No
South or Central American	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Spanish Origin or culture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If other, please specify _____		
American Indian or Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify the name of your enrolled or principal tribe _____		
Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asian Indian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Filipino	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Japanese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Korean	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Malaysian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pakistani	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vietnamese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If other, please specify _____		
Black or African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Guamanian or Chamorro	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Native Hawaiian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Samoan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If other, please specify _____		
White	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you been accepted at another institution? yes no

On (date)_____ I requested these individuals to send letters of recommendation:

Name Address

Name Address

Name Address

I have also applied for admission to the graduate program of the following institutions:

Previous Fellowships or Scholarships you have held

<i>School</i>	<i>Year</i>	<i>Amount</i>
---------------	-------------	---------------

<i>School</i>	<i>Year</i>	<i>Amount</i>
---------------	-------------	---------------

<i>School</i>	<i>Year</i>	<i>Amount</i>
---------------	-------------	---------------

Describe any teaching experience you have had: _____

Describe briefly any research experience you have had: _____

What organizational membership(s) do you hold? _____

Scholastic and professional awards, honors, distinctions, or prizes received: _____

Military service _____

Have you served an internship or residency? ____ yes ____ no If yes, indicate the place, time, type, and name of supervisor _____

I am licensed to practice dentistry in the following states _____

Private practice experience (location, type, full or part-time, dates) _____

Please provide a copy of your CV including the following information. Or type the requested information on the enclosed form.

CURRICULUM VITAE

Name

Address (Professional)
City, State Zip (Country)
Phone Number

Home Address
City, State Zip (Country)
Phone Number

EDUCATION

Institution	Degree	Year	Major Subject
-------------	--------	------	---------------

EMPLOYMENT AND/OR ACADEMIC APPOINTMENTS

Employer/Institution	Dates: Start/End
Position/Duties	

SCHOLARSHIPS, HONORS, AWARDS

MILITARY SERVICE

STATE DENTAL LICENSURE

State	Year Licensed	License number
-------	---------------	----------------

PROFESSIONAL AND SCIENTIFIC ORGANIZATIONS

Society	Initial year of membership	Office Held
---------	----------------------------	-------------

PROFESSIONAL ACTIVITIES (table clinics, etc)

Meeting or Event	Year	Topic
------------------	------	-------

PROFESSIONAL AND SCIENTIFIC PUBLICATIONS

INTERNATIONAL STUDENT INFORMATION

A letter of "proof of support" must be submitted when a student is accepted into a program. There is no financial aid given to international students enrolled in the endodontics, orthodontics or periodontics programs. Applicants must establish that they have available financial resources sufficient to complete the program uninterrupted. All on-campus work-study employment for international students must be cleared by the individual program director and the University Office of International Students.

Applicants graduated from a non-English speaking dental school, and for whom English is not their first language, must take the TOEFL (Test of English as a Foreign Language) with a minimum score of 550 (paper-based score) or 213 (computer-based score). An official or certified copy of your scores must be sent to our office at the following address:

Office of Graduate Studies
Case School of Dental Medicine
10900 Euclid Avenue
Cleveland, OH 44106-4905 USA

Generally the TOEFL is administered five times during the year in September, December, February, April, and June. If you plan to take TOEFL and do not have information on a location for your country, you can visit the TOEFL web site at: <http://www.toefl.org>.

The TOEFL identification number for Case Western Reserve University is: 1105
The departmental code number is: 38

OFFICE OF GRADUATE STUDIES
SCHOOL OF DENTAL MEDICINE
CASE WESTERN RESERVE UNIVERSITY
10900 EUCLID AVENUE
CLEVELAND, OHIO 44106-4905

EVALUATION OF APPLICATION FOR ADMISSION TO ADVANCED EDUCATION AND RESIDENCY PROGRAMS OF CASE WESTERN RESERVE UNIVERSITY SCHOOL OF DENTAL MEDICINE.

Applicant: Please fill in the information below and give to the appropriate person along with a stamped envelope addressed to the address above.

Mr./Ms./Dr. _____ is applying for admission to the Department of _____
(Year) _____ for the class entering in _____ (Specialty)

Authorization for Waiver:

I hereby do ____ do not ____ agree to waive my rights of access to this recommendation as provided in the Family Education Rights and Privacy Act of 1974.

Date

Signature of Applicant

Respondent: Your evaluation is important. Please fill out this evaluation form and return to us as soon as possible. If the applicant has waived their right to access, the contents of this evaluation will not be disclosed to the applicant.

Knowledge of the Applicant:

How long have you known the applicant? _____ years

How well do you know the applicant? Very well ____ Well ____ Casually ____

What is the nature of your contact? Teacher ____ Research Advisor ____ Faculty Advisor ____ Private Practice ____
Personal friend __ Other (specify) _____

If teacher: _____
Number of classes, subjects taught and rank in your class

Evaluation of the Applicant:

Please respond to the following using other students and former graduates as a base of reference. How do you rate the applicant in the following areas? (5 is the highest)

Academic dental knowledge	1	2	3	4	5
Clinical knowledge and skills	1	2	3	4	5
Confidence in knowledge and skill	1	2	3	4	5
Capacity for handling large work load	1	2	3	4	5

(over)

Potential for independent creative study	1	2	3	4	5
Originality and imagination	1	2	3	4	5
Promptness of work	1	2	3	4	5
Integrity, sincerity, and honesty	1	2	3	4	5
Dependability and responsibility	1	2	3	4	5
Persistence, drive and enthusiasm	1	2	3	4	5
Organization and common sense	1	2	3	4	5
Friendliness and personality	1	2	3	4	5
Emotional maturity and stability	1	2	3	4	5
Initiative and leadership	1	2	3	4	5
General health	1	2	3	4	5

Gifted individuals sometimes make mediocre scholastic records. Does your evaluation on this form coincide with the applicant's scholastic record in all subjects? Yes _____ No, why?

Would you accept the applicant for a similar program at your school should one exist and you were able to make the selection? Yes _____ No, why?

What is your understanding of the applicant's motivation in seeking admission to this program?

Indicate your overall endorsement of the applicant as a candidate for advanced studies

Highly recommend ___ Recommend ___ Recommend with reservations ___ Do not recommend _____

Please add any comments in this space provided (attach a separate sheet if you need more space) which will assist in providing a complete picture of the applicant's abilities and potential as a scholar. Please mention any deficiencies the applicant may have, as well as the assets.

Name of Respondent _____ Date _____

Position _____ Institution _____

Address _____

Phone number _____ Date _____ Signature _____