UNIVERSITY OF ALABAMA SCHOOL OF DENTISTRY
ADVANCED DENTAL EDUCATION

Dean's Evaluation Form

_____ is applying for _____
Candidate's Name (Last Name, First Name, MI) postdoctoral field of study

☐ I have waived my right of access to this evaluation. ☐ I do not waive my right of access to this evaluation.

National Board Examination Scores

PART 1 **PART 2**

EXAM DATE	ANAT SCI	BIOCHEM PHYSIO	MICRO PATH	DENT ANAT	AVERAGE	REFERENCE NUMBER	EXAM DATE	AVERAGE

DENTAL CLASS RANKING

YEAR	CLASS SIZE	YEARLY GPA	YEARLY CLASS RANK
1ST			
2ND			
3RD			
4TH			

Overall
Cum GPA _____
Cum Ranking _____

Please complete the following based on the candidate's performance compared to others who have attended our institution.

Attributes	Poor	Below Average	Average	Above Average	Out-standing	Not Observed
Adaptability/Resourcefulness						
Honesty/Integrity						
Initiative						
Leadership Ability/Potential						
Professional Appearance/Demeanor						
Research Experience/Potential						
Reliability						
Tact						
Communications Skills						
Writing Skills						
Maturity						
Assumes Responsibility						
Judgment						

Please make any comments on the back of this form.

☐ Do Not Recommend ☐ Recommend ☐ Highly Recommend

_____
Dean's Name (Print) **Dean's Signature** **Date** (mm/dd/yyyy)

_____
Dental School Address

_____
e-Mail Address **Daytime Telephone**

(over)