

# Utah College of Dental Hygiene

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**NOTE: Only this form is required to be filled out for your reference requirement. If the individual giving the reference wants to attach an additional letter with this form, they are welcome to do so but it is NOT required.**

**DENTAL HYGIENE REFERENCE FORM**

**Applicant Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I authorize \_\_\_\_\_ to write a letter of recommendation on my behalf.  
(Referrer's Name)

**- Nature of relationship:** \_\_\_\_\_ Academic \_\_\_\_\_ Employment \_\_\_\_\_ Other  
 If "Other" please specify \_\_\_\_\_

**- If an academic recommendation, the following information may be included (mark all that apply).**

Grades  GPA  Courses Attended  Academic Performance  Class Rank

Check one:  I waive  I do not waive my right to review a copy of the letter at any time in the future.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form complies with The Family Educational Rights and Privacy Act of 1974.

**To the Referrer:** The applicant above is applying for admission to the Utah College of Dental Hygiene. References are an important part of the application process. Please complete the following portion of this form, and fax or mail it to the address above. If necessary, use the back of this form or an additional sheet of paper.

**It is very important that this reference form be completed and submitted as soon as possible so that the applicant can be considered for admission. Thank you for your timely assistance.**

**1. Knowledge of the Applicant:** (Please check all that apply) NOTE: References *cannot* be from relatives.

I have known the Applicant for (add number) \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Slightly

I know the Applicant \_\_\_\_\_ Very Well \_\_\_\_\_ Moderately well \_\_\_\_\_ Other (Specify)

**2. Evaluation of the Applicant:**

	Truly Exceptional	Excellent	Good	Average	Below Average	No Comment
Academic knowledge						
Ability to work independently						
Ability to work with others						
Ability to accept criticism						
Professional and ethical conduct						
Emotional maturity						
Organizational skills						
Professionalism						

**3. Overall Endorsement:** \_\_\_\_\_ **Highly Recommend** \_\_\_\_\_ **Recommend** \_\_\_\_\_ **Recommend w/ reservations**

\_\_\_\_\_ (Please print) Referrer's Name/Degrees \_\_\_\_\_ Position/Title \_\_\_\_\_ Signature

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_