



GRADUATE MEDICAL SCIENCES BOSTON
UNIVERSITY SCHOOL OF MEDICINE

RECOMMENDER INSTRUCTIONS

DEAR EVALUATOR:

Please assess _____ (student's full name), academic accomplishments, personality, and character—particularly those qualities that bear on his or her promise as a dentist, or other health professional—in a formal letter of recommendation. It would be helpful to note the state of the student's preparation for dental study and ability in writing and/or independent work. The listing of any special honors or awards, unusual interests, abilities, and accomplishments that are of relevance is also helpful.

Please indicate how long you have known the student, and list the course(s) you have taught him/her, if applicable. Your statements will be sent directly to the professional schools to which the student is applying.

The above named student has waived her/his right to access.

NOTE:

Recommendations should be written on your official stationery and **signed with an original signature**. Letters should use the general salutation "Dear Admissions Committee."

Letters may be emailed to tdavies@bu.edu

Graduate Medical Sciences
Attn: Dr. Theresa A. Davies
Director, M.S. in Oral Health Sciences Program