

McGill University

Faculty of Dental Medicine and Oral Health Sciences

Forensic Dentistry Course

Confidential reference report

Applicant should fill in their name and send this form to each of two dental/medical collegues who have agreed to supply a letter of recommendation. Please send as email attachment to: <u>conted.dentistry@mcgill.ca</u>

LEGAL NAME OF APPLICANT

Last Name	First Name		Middle Name		
The Committee on Admissions will app course in forensic dentistry. Please gra- prefer to write a character sketch, Plea	de the qualities liste	ed below by selectin	ng a button.The ap		
	Not observed	Outstanding	Superior	Average	Inferior
ntellectual ability					
aboratory Competence					
Perseverance					
Resourcefulness					
eadership					
Ability to get along with others					
ntegrity					
Maturity					
ludgment and common sense					
Probability for success in chosen field					
Signature		(must be	e signed by hand, no	digital signature)	
Name (print)			Title		
Department	College/University				
Address					