McGill University, Faculty of Dental Medicine and Oral Health Sciences

Continuing Dental Education

Non-Credential Mini Residency in Oral and Maxillofacial Radiology

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. Completed form should be sent as an email attachment to: conted.dentistry@mcgill.ca

LEGAL NAME OF APPLICANT

Last Name First Name Middle Name

The Committee on Admissions will appreciate your estimate of the desirability of the applicant to register for an advanced course in Oral and Maxillofacial Radiology. Please grade the qualities listed below by selecting a button.The appropriate column. If you prefer to write a character sketch, Please submit it on a separate Word document.

	Not observed	Outstanding	Superior	Average	Inferior
Intellectual ability	○	○	○	○	○
Laboratory Competence	○	○	○	○	○
Perseverance	○	○	○	○	○
Resourcefulness	○	○	○	○	○
Leadership	○	○	○	○	○
Ability to get along with others	○	○	○	○	○
Integrity	○	○	○	○	○
Maturity	○	○	○	○	○
Judgment and common sense	○	○	○	○	○
Probability for success in chosen field	○	○	○	○	○

Please indicate your opinion of this applicant as a candidate for an advanced course in forensic dentistry.

Very Desirable ○ Desirable ○ Fairly Desirable ○ Undesirable ○

How long have you known this candidate?

Signature _____

Name (print) _____ Title _____

Department _____ College/University _____

Address _____

_____

Phone _____ Fax _____ Email _____