



**University of Bridgeport Fones School of Dental Hygiene  
Recommendation Form**

**DENTAL HYGIENE ASSOCIATE OF SCIENCE and BACHELOR OF SCIENCE DEGREE PROGRAMS**

**To the Candidate:** You will need two completed recommendation forms: one from a science professor/teacher/instructor, and one from an employer/supervisor. At your discretion an optional third recommendation form may be sent from a dental professional (consider your own dental hygienist or dentist.) Provide this form to the Referrer. Please print your name on the line below.

\_\_\_\_\_  
Candidate's Name

**Check one of the following statements and sign your name below:**

- I **waive** my right of access to this recommendation/evaluation and recognize that it will remain confidential.  
 I **do not** waive my right of access to this recommendation/evaluation and will be able to see my evaluation.

\_\_\_\_\_  
Candidate's Signature Date

**To the Referrer:** The Candidate is applying to the University of Bridgeport, Fones School of Dental Hygiene. Please complete this form (print or type) and return it to the Candidate in a sealed envelope with your signature written across the closure. Thank you for your assistance.

\_\_\_\_\_  
Referrer's Name/Degree(s) Position/Title

**Knowledge of the Candidate:** (Please check (✓) all that apply.)

I have known the Candidate for	_____ Year(s)	_____ Month(s)	
I know the Candidate	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Slightly
Nature of my contact with the Candidate	<input type="checkbox"/> Academic	<input type="checkbox"/> Employment	<input type="checkbox"/> Other _____

**Evaluation of the Candidate:**

	Exceptional	Excellent	Good	Average	Below Average	No Basis for Comment
Knowledge/Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relations/Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Accept Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance and Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity and Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall Endorsement of the Candidate:**

- Highly recommend     Recommend     Recommend with reservation

\_\_\_\_\_  
Referrer's Signature Date

**Additional Comments:** (If necessary, please use an additional sheet of paper.)