



SAN DIEGO STATE  
UNIVERSITY

Health Professions  
Advising Office  
San Diego State University  
5500 Campanile Drive  
San Diego CA 92182-1017  
Tel: 619•594•3030  
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**Request for Letter of Recommendation/Evaluation for Dental School Applicant  
Student's Waiver to View Letter**

**Student: Please complete and sign this form and give it to the person you have asked to write a letter of evaluation.**

\_\_\_\_\_  
(Type or print Name of Evaluator)

Letter of Evaluation for \_\_\_\_\_  
(Type or print your name)

I waive my right to view the contents of the letter written in response to this request.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

**Request for Evaluation**

Thank you for agreeing to write a letter of recommendation/evaluation for the above applicant. Letters of recommendation/evaluation are a critical component of the dental school application and are highly valued by dental schools. Since more than one school will review your letter, please do not address a specific dental school in your letter. Please address the letter "Dear Admissions Committee."

While dental schools cannot require applicants to waive their right to see a letter of recommendation/evaluation, they are clear that they prefer these letters are confidential as they believe evaluators will be more candid. **For this reason, we ask that you do not have applicants write their own letters.** You can, of course, request any information you like, including resume, personal statement, and/or autobiographical questions, to assist in your evaluation/recommendation.

Letters should be sent to our office and must be on **letterhead with the date** and **your signature**. Please email a pdf of your letter to [healthpr@mail.sdsu.edu](mailto:healthpr@mail.sdsu.edu) If you prefer to bring your letter to our office, please seal the envelope and sign your name across the seal. It is preferable *not* to send the letter via USPS as these letters are often delayed and sometimes lost.

Students may also request these letters in application to other formal programs, e.g., graduate or post-baccalaureate programs, or for scholarships. *Please let us know if you do not wish your letter to be submitted for other than application to dental school.*

**Please make sure your letter is received in the Health Professions Advising Office by July 15<sup>th</sup> for optimal consideration of the applicant. Most dental schools use a "rolling admissions" process. Applications are reviewed as they are received, and interviews are scheduled and admissions decisions can be made at any time after the application is complete and received by the dental school. The first round of admission offers for dental schools is always announced the first Monday in December.**

Dental schools are interested in more than an academic evaluation; they are looking for an assessment of the applicant's suitability for dental school rather than merely advocating for the applicant. Only include information about grades, GPA or admission test scores if you are providing a context to help interpret these. Please indicate how long you have known the applicant and in what capacity.

Dental schools are interested in the applicant's intellectual curiosity, critical thinking and problem solving skills as well as communication skills. Personal attributes such as compassion, commitment, and integrity are also important as are leadership skills, community service (especially in underserved communities), and an understanding of dentistry and the role of the dentist. Background information, including "distance traveled," challenges overcome, and need to work can also provide valuable information to admissions committees.

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