

SAINT LOUIS UNIVERSITY

OFFICE OF GRADUATE ADMISSION

(Note: This form is to be completed by the Dean of the dental school from which the applicant has graduated or anticipates graduation.)

(Last Name) (First/Given) (Middle Initial)

(Applicant should fill in the information above before giving this form to the Dental School Dean.)

Dean's Evaluation:

I evaluate this applicant as follows:

a) Intellectual ability _____

b) Character and personality _____

c) Relative academic standing in the class at the end of the:	<u>Number in Class</u>	<u>Standing</u>
First Year	_____	_____
Second Year	_____	_____
Third Year	_____	_____
Fourth Year	_____	_____

d) Cumulative grade point average to date: _____ on a _____ point basis.

e) Scores on the National Board Examination: Part I _____ Part II _____

Date Printed Name Signature

Attach a separate page if additional information is to be provided. This form can be sent with your Dean's letter, uploaded to the online application or mailed directly to the Office of Graduate Admission at Saint Louis University at the following address:

Office of Graduate Admission
Saint Louis University
DuBourg Hall, Room 150
One Grand Blvd.
St. Louis, Missouri 63103