

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

TO: Dean of The Graduate School  
Saint Louis University

\_\_\_\_\_  
(Family Name) (First/Given) (M.I.) (Social Security #)  
(Applicant should print name and Social Security number before transmitting this form to the Dental School Dean)

was in good academic standing at the end of his/her last academic term of attendance at

\_\_\_\_\_  
(School or Academic Division) (College/University)

I evaluate him/her 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	_____	_____

Cumulative grade point average to date: \_\_\_\_\_ on a \_\_\_\_\_-point scale.

Was she/he elected into OKU? \_\_\_\_\_

If she/he received additional honors, please so indicate: \_\_\_\_\_

Was she/he active in student organizations? \_\_\_\_\_

If yes, please list organizations: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Dean: Please print name here: \_\_\_\_\_

(Attach a separate page if additional information is to be provided. Mail directly to: Dean of The Graduate School, Saint Louis University, 3634 Lindell Boulevard, St. Louis, MO 63108 USA)