

Gateway to Dentistry
Recommendation

Applicant's Name: _____ **School:** _____

**Pre-Dental
Advisor/Basic
Science Professor:** _____ **Date:** _____

Email: _____

Current GPA: _____

Recommend Highly _____

Recommend _____

Have Reservations _____

Do Not Recommend _____

Please include comments to support your recommendation. *The comments should be based upon discussion of academic performance, extra-curricular activities and personal character.*

Pre-Dental Advisor or Basic Science Professor Signature : _____

Official Transcript Attached _____

Official Transcript Will Follow _____

Forward information to:
Dr. Rosa Chaviano-Moran

Associate Dean for Admissions
Rutgers School of Dental Medicine
Office of Admissions
110 Bergen St., - B829
Newark, NJ 07103