

DENTAL SCHOOL PROFICIENCY SHEET

Name: _____
Last
First
Middle

Dental School Attended: _____

I authorize the release of the information requested below.

Signature of Student Named Above
Date

To be completed by dental school official

The information below is requested in support of the above named dental student's application to a Navy AEGD or GPR program. Your input is appreciated.

1. Anticipated Graduation Date: _____
2. GPA through Junior Year: _____
 Class rank through Junior Year: _____/_____

If it is the practice of your school not to rank or grade students, please indicate which quartile the student falls into in his/her class; e.g., 1st quartile = 75% - 100%, 2nd quartile 50% - 75%, etc.

3. NBDE I Score: _____
 NBDE II Score: _____
4. The student named above _____ IS/ _____ IS NOT in good academic and professional standing in his/her studies towards a: _____ DDS/ _____ DMD degree.
5. Has the student successfully completed a clinical externship (clinical experience outside of the dental school environment)? _____ YES/ _____ NO
 If "No" to the above question, will the student attend an externship in the upcoming year?
 _____ YES/ _____ NO

