

DENTAL SCHOOL EVALUATION

This form should be completed by a dental school official, e.g., Office of the Dean or Office of the Registrar, who did not fill out an Applicant Appraisal Form. Comments are specifically requested regarding the student’s abilities in the areas of community service, leadership, communication, and interpersonal skills, as well as potential for continued learning and growth as a dental healthcare provider after graduation. **Return this form either directly to the Navy in an envelope provided by the student, or to the student in a sealed envelope for return to the Navy by the student to the following:**

**Navy Dental Corps AEGD/GPR Selection/Assignment Board
c/o Ms. Lydia Sampson
13th Floor, Building 1, Room 13125
8901 Wisconsin Avenue
Bethesda, MD 20889**

1. The following is my evaluation of _____
Student's Name

Printed Name and Title of School Official

Signature of School Official

Date