

APPLICANT APPRAISAL

Dear Doctor,

The applicant named below has requested assignment to a Navy AEGD Program or GPR Program. To assist the Selection Committee, evaluations are requested from faculty members who have had personal contact with the applicant during his/her dental school experience. Your response is appreciated.

Please return this form directly to the Navy in a sealed envelope to:

**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**

Name: _____
Last
First
Middle

1. Applicant's potential for graduate study in AEGD/GPR.

	Excellent	Above Average	Average	Below Average	Unsatisfactory	Unable to Evaluate
Intellectual Ability						
Character						
Emotional Stability						
Personality						
Dexterity						
Motivation for GDE*						
Personal Appearance						

* Graduate Dental Education

2. Additional Comments:
