

The University of British Columbia  
Vancouver, Canada

DMD Referee Name: \_\_\_\_\_  
(please print)

## FACULTY OF DENTISTRY

### CONFIDENTIAL

### REQUEST FOR REFERENCE

On behalf of: \_\_\_\_\_  
First Name Initial Last Name

The above named is applying for admission to the Faculty of Dentistry at the University of British Columbia, Vancouver, Canada as an applicant into the Doctor of Dental Medicine program. A recommendation based upon your evaluation of such qualities as maturity, judgment, initiative, industry, intellect, cooperation, emotional stability, moral integrity, motivation and willingness to accept and discharge responsibility would be especially helpful. You should also include any negative aspects which might reduce the applicant's ability to successfully complete the program.

This information is requested to assist the University in considering applications to the dental degree completion program of the Faculty of Dentistry. It is collected pursuant to the University Act and the Freedom of Information and Privacy Act. It is the policy of the University to treat as confidential letters of reference which it receives. It can, however, be required under Freedom of Information legislation to disclose the substance of any letter of reference but only where it can be done without disclosing the identity of the writer. In addition, if in the course of consideration of any applicant a negative recommendation is made, the applicant is entitled to see a summary or edited version of the letters, but again the summary or editing is done so as not to disclose the identity of the writer. It is also possible that in legal proceedings a court may order the production of the letter in full.

If you do not know the applicant well enough to make a valid assessment, it would be in the interests of both the applicant and the University for you to decline the invitation to act as a referee.

**THIS FORM MUST NOT BE RETURNED TO THE APPLICANT.**

