

**AMERICAN ACADEMY OF ORAL & MAXILLOFACIAL RADIOLOGY  
RADIOLOGY CENTENNIAL SCHOLARSHIP APPLICATION  
LETTERS OF REFERENCE**

Applicants must select three references to accompany their submitted application. **One reference must be from a dentist or a dental school representative (preferably an Oral & Maxillofacial Radiologist). The other recommendations are the choice of the student.**

STUDENT'S NAME: \_\_\_\_\_

Basis of your responses (check all that apply). I know this student:

as an advisor  
as a teacher

better than most  
fairly well  
hardly at all

as one of many  
in small group contacts  
through clinical contact

For the following items, check [✓] the best description:

Category	Truly Exceptional	Excellent	Good	Average or Below	Not Able to Evaluate
Basic Professional Knowledge					
Professional Judgment					
Integrity					
Responsibility & Reliability					
Written Communication Skills					
Oral Communication Skills					
Organization & Common Sense					
Initiative & Motivation					
Professional Competence & Skill					
Diagnostic Aptitude					

In my \_\_\_\_\_ years of teaching, I would rank this individual in the \_\_\_\_\_ (select from top 5%, top 10%, upper 25%, middle 50%, lower third) of the students I have taught.

In the space provided below, please provide any additional comments about the student.  
\_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_