THE OHIO STATE UNIVERSITY
COLLEGE OF DENTISTRY

DEAN'S RESPONSE FORM
GRADUATE PERIODONTICS

This form should be sent to the program by the administration of the applicant's dental school, and should be accompanied by a separate letter written and signed on academic or business letterhead stationery. Complete the first two sections below. Deliver this form directly to the appropriate office and ask them to fill out the third section and return it, along with their letter, to GradPerioApplications@osu.edu.

Alternatively, the institution can send a copy of the Institutional Evaluation Form sent to the IDEA PASS program for the applicant. Please note that we do not use PASS, but we will accept a copy of the PASS IEF in lieu of this Dean's Response Form and letter.

## Applicant Information

Full Name: _____
*Last* *First* *M.I.*

Email: _____

Program to which applicant is applying:
Advanced Education Program in Periodontics
The Ohio State University College of Dentistry
4103 Postle Hall
305 West 12th Avenue
Columbus, OH 43210

## Dental Education Institution Information

Institution: _____

Address: _____

Email: _____ Phone: _____

## Evaluation Section (to be Completed by Dental School)

Year of Graduation: _____ Class size: _____

Class Rank: _____ OR ☐ We do not use Class Rank

GPA: _____ OR ☐ We do not use GPA

Additional Comments:

Printed Name: _____ Date: _____ Signature: _____