Office of Admissions

SCHOOL OF DENTISTRY
UNIVERSITY OF MINNESOTA

# LETTERS OF RECOMMENDATION GUIDELINES

The University of Minnesota School of Dentistry requires three (3) letters of recommendation: two (2) from science faculty who taught you in a lecture or lab course (1 is able to be from a math professor) and one (1) from a professional of your choice. The Office of Admissions has prepared the following guidelines and sample letters to assist in preparing a recommendation letter.
**** Please note requirements will change in 2027 to two (2) from science faculty and one (1) from a general dentist with whom an applicant has shadowed, an employer or supervisor (volunteer, work, research)****

## GUIDANCE FOR APPLICANTS:

3 letters of evaluation are required to be submitted as part of your AADSAS application. Review of applications will not occur until all 3 letters are received. Please inform your referees of this requirement.

**Letterhead, date, and signature** are required for letters of recommendation. Failure to have these elements will necessitate you contacting your referees to send us updated letters directly, and will significantly delay the review of your application.

If a professor or dentist declines your request, move on and find another referee - do not press the matter. You are encouraged to give this document to all of your referees to help them craft your letters

## GUIDANCE FOR REFEREES:

An applicant to the University of Minnesota School of Dentistry Doctor of Dental Surgery program requests a letter of recommendation from you. We understand that writing a recommendation letter can be a significant commitment, and we genuinely appreciate your willingness to invest your time in a prospective student. If you are unable to commit to this task, whether due to time constraints or other reasons, please decline the student's request.

Please share any concerns or hesitations you might have, and know that it is helpful and essential to better understand their background and experience. If you have uncertainties or concerns about this student, we invite you to include them in your letter. Your unique insights help us see beyond what is immediately visible in the application, and they are an essential part of our holistic assessment of the applicant. We appreciate the time involved in writing a letter and the effort taken to provide constructive feedback.

# LETTERS OF RECOMMENDATION GUIDELINES

## GENERAL DIRECTIONS:

**Letters must be signed, dated, and on official letterhead**. Your full name, degree and title should be underneath your signature. Department/College is optional. If you are a professor, your institution should have electronic letterhead on its website available to download. You may need to search for Marketing/Communications on your school's website. If you are a dentist and do not have an official letterhead, please put your practice name, address, and contact information on the letter.

If you do not have an electronic signature file, you can take a picture of your signature on paper with your mobile device. You may have to crop/resize the image. The easiest format is .png which can be inserted into your document and the entire document can be saved/exported as a PDF.

## SCIENCE PROFESSORS:

Please list the course code(s) and name(s) of courses where you taught the applicant and the grade they earned. Please write about their academic performance in your class(es) and your estimation of their future potential success in a rigorous doctoral-level biomedical curriculum. If you are a graduate instructor, the professor of record must co-sign your letter. If your school has one, a pre-health advising office may be able to offer additional guidance.

## GENERAL DENTISTS:

Please verify when the applicant shadowed you (approximate start month/year) and describe their behavior and demeanor while chairside. You can list what they learned from you, their inquisitiveness/curiosity, professionalism (with you, patients, and other professionals in your office), etc.

Sample letters are below:

# LETTERS OF RECOMMENDATION GUIDELINES

## Example of a letter from a dentist:

**Office Letterhead** ***Include contact information***

Month Day, Year

Dear Admissions Committee,

My name is Dr. Epsilon Dangerfield, and I am writing in support of Student Name, who shadowed (or worked in my office as a dental assistant). I am a general dentist/prosthodontist/periodontist/endodontist/pediatric dentist/oral surgeon from ABC Dental School, Class of Year. Student Name has shadowed me X number of hours spanning y duration of time. Their chairside manner was… Their conduct and professionalism were…

Student Name is a fit/not a fit for the dental profession because of these qualities:

**Letters are confidential, so if you have concerns, you can share them here. Students will NOT see them**



Thank you,

[insert electronic signature]
Dr. Epsilon Dangerfield
General Dentist and Owner
Minnesota Family Dental

# LETTERS OF RECOMMENDATION GUIDELINES

## Example of a letter from a science professor:

**School Letterhead**

**Department**
Address
***Include contact information***

Month Day, Year

Two Whom It May Concern,

My name is Dr. Bedilia Yang, and I am an assistant professor of biology at ABC University. My background is that I have been working in higher education for X years and my passion is Y.

I am writing in support of Student Name, who was in my BIO 101 Introductory Biology course in the Fall Year semester. Student Name earned an A- in my course, which ranked them in the top 12% of students that semester. Their behavior in class…. They visited during office hours… Their attendance was….

Student Name is a fit/not a fit for the rigor of dental school and the dental profession because of these qualities:

**Letters are confidential, so if you have concerns, you can share them here. Students will NOT see them**

Thank you,

[insert electronic signature]
Dr. Bedilia Yang
Assistant Professor of Biology
Amazing University