

## Application > Evaluators

Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

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The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

### Evaluators

Reference Type  Electronic  
 Paper

Waiver  I waive my right of access to this evaluation. I understand that I will not be permitted to access this evaluation.  
 I do not waive my right of access to this evaluation.

Reference's Title (Dr., Mr., Ms., etc)

Evaluator's First Name

Evaluator's Last Name

Is this a Committee Letter?  Yes  
 No

If submitting a committee letter provide the name of the individual submitting the letter ONLY. Do not provide the names of individual evaluators whose letters are contained in the committee package. Refer to the instructions for the definition of a committee letter.

Evaluator's School/Institution/Business

Evaluator's Email

Evaluator's Street Address 1

Evaluator's Street Address 2

Evaluator's City

Evaluator's State

Evaluator's ZIP/Postal Code

Evaluator's Country or Territory

[CANCEL](#) [SAVE](#) [PRINT](#)

**MY TOOLS**

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**HELP**

- [GoDental.org](#)
- [ADEA AADSAS Home](#)
- [ADEA AADSAS Instructions](#)
- [Fee Assistance Program \(FAP\)](#)
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- [Participating Dental Schools](#)
- [ADEA AADSAS Extending Offers of Admission](#)
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