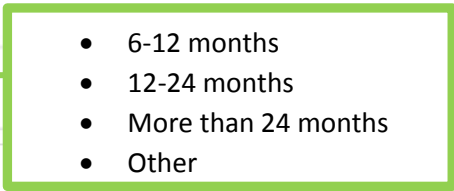


## Institution Evaluation Form for Ruixiang Li

Length of time IEF preparer has personally known the applicant: ■	<input type="text"/>	
Part I Test Year: ■	<input type="radio"/> Prior to 2007 <input type="radio"/> 2007 - 2011 <input type="radio"/> 2012 or Later <input type="radio"/> Applicant has not taken the exam at this time	
Part II Test Year: ■	<input type="radio"/> Prior to 2012 <input type="radio"/> 2012 or Later <input type="radio"/> Not Applicable	
<b>NATIONAL BOARD DENTAL EXAMINATIONS PART I : If taken 2012 or Later</b>		
Test Month:	<input type="text"/>	
Test Year:	<input type="text"/>	
Status:	<input type="text"/>	
Future Test Date Month:	<input type="text"/>	
Future Test Date Year:	<input type="text"/>	
<b>NATIONAL BOARD DENTAL EXAMINATIONS PART I : If taken 2007 - 2011</b>		
Test Month:	<input type="text"/>	
Test Year:	<input type="text"/>	
Comp Score:	<input type="text"/> 0 or 49-99	
Status:	<input type="text"/>	

**NATIONAL BOARD DENTAL EXAMINATIONS PART I : If taken Prior to 2007**

Test Month:

Test Year:

Anatomical Science:

Biochemistry / Physiology:

Microbiology / Pathology:

Dental Anatomy:

Status:

**NATIONAL BOARD DENTAL EXAMINATIONS PART II : If taken Prior to 2012**

Test Month:

Test Year:

Status:

**NATIONAL BOARD DENTAL EXAMINATIONS PART II : If taken 2012 or Later**

Test Month:

Test Year:

Status:

Future Test Date Month:

Future Test Date Year:

## DENTAL CLASS RANKING

Does your dental school calculate a GPA for its students? ■

- Yes  
 No

Does your dental school rank its students? ■

- Yes  
 No

If you have selected no for one of the above options, please provide a brief description of the academic merits of this applicant's class. When possible, the applicant's relative position in the class should be noted.

Limit your comments to 500 characters.

Character Count: 0

Please use N/A symbol if not applicable. All fields must be completed.

	Class Size	Yearly GPA (X.XX)	Yearly Class Rank
First Year: ■	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Year: ■	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Year: ■	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fourth Year: ■	<input type="text"/>	<input type="text"/>	<input type="text"/>

## OVERALL

Please use N/A symbol if not applicable. All fields must be completed.

Cum GPA: ■

  
X.XX

Cum Ranking: ■

  
Standing/Class size

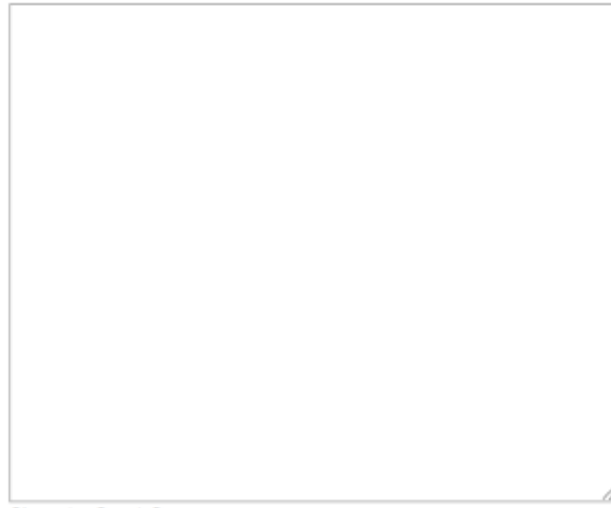
Class GPA Range: ■

  
X.XX-X.XX

This school does not rank its dental students.

#### NON-ACADEMIC SUMMARY

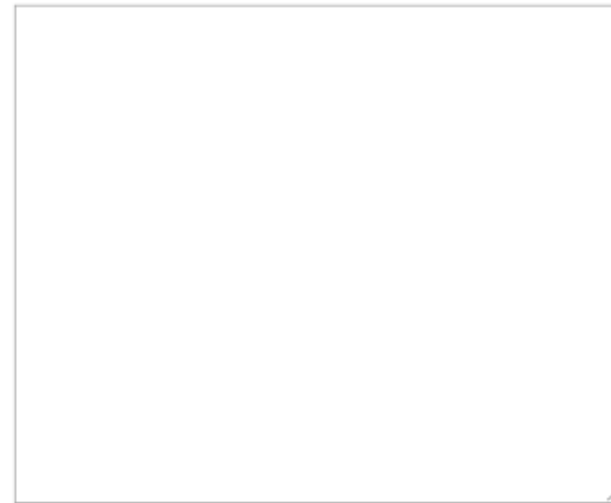
Ethical Behavior:  
Limit your comments to 1200 characters.



Character Count: 0

#### Remarks

Provide additional comments to support this student's application to advanced dental education programs. Program directors have requested information on teamwork, reaction to criticism and organizational skills. Limit your comments to 3600 characters.



Character Count: 0

## COMPOSITE REMARKS

This Composite Section should be utilized by dental schools that have a committee that provides faculty remarks on behalf of their students. A separate field is provided for each faculty evaluator.

Remarks:

Character Count: 0  
Optional & Limited to 1500 characters

Evaluator Name:

Evaluator First Name, Last name, Degree, Title/Position

Remarks:

Character Count: 0  
Optional & Limited to 1500 characters

Evaluator Name:

Evaluator First Name, Last name, Degree, Title/Position

Evaluator Name:

Evaluator First Name, Last name, Degree, Title/Position

Remarks:

Character Count: 0  
Optional & Limited to 1500 characters

Evaluator Name:

Evaluator First Name, Last name, Degree, Title/Position

#### OVERALL EVALUATION OF APPLICANT

Overall Evaluation of Applicant: ■

- Do Not Recommend
- Recommend
- Highly Recommend
- Highest Recommendation

 CANCEL

 SAVE

 PRINT