

RECOMMENDATION REQUEST & EVALUATION FORM

**University of Maryland School of Medicine
Department of Medical & Research Technology
Allied Health Building, 100 Penn Street, Room 435,
Baltimore, Maryland, 21201**

For the Student: please electronically fill in the required information in this box, sign and date. Email to each evaluator who will offer a recommendation on your behalf.

For the Evaluator: Until further notice, this evaluation form will be filled out and emailed directly to DMRTadmissions@som.umaryland.edu using your institutional email. *The student is responsible for filling out the top portion of this form and indicating his/her wish in terms of access to letters of recommendation, and then for signing and dating the form prior to forwarding it on to the evaluator.*

Last Name First Name Middle Name Date of Birth

Street Address City State Zip Code

Public Law 93-380, Educational Amendments Act of 1974, grants students the right to have access to letters of recommendation in their placement files.

ACCESS TO LETTERS OF RECOMMENDATION:

- I waive access to my letters of recommendation
- I want access to my letters of recommendation

Signature (Electronic) Date

For the Evaluator:

On letterhead, please attach your written assessment of the applicant’s strengths, weaknesses and any characteristics that would help the Admissions Committee evaluate his/her potential to succeed in an undergraduate medical laboratory science/biomedical science research program leading to a Bachelor of Science degree (B.S.).

For this evaluation form, please select the role that best describes your primary relationship with the applicant.

- Professor Teaching Assistant
- Academic Advisor Supervisor/Employer
- Co-Worker Other

How long have you known the applicant? ____ Years ____ Months

Select the rating for each characteristic below that best describes the applicant.

	Superior 5	Excellent 4	Good 3	Average 2	Below Average 1	Not Observed
Analytical Ability						
Oral Communication Skills						
Written Communication Skills						
Organizational Skills						
Manual Dexterity						
Emotional Maturity/Judgment						
Awareness of Limitations						
Responsibility/Reliability						
Adaptability						
Interpersonal Skills						
Overall Academic Potential						

Summary Evaluation:

Recommend without Reservation

Recommend

Recommend with Reservation (please comment)

Do not Recommend

Place your completed recommendation in a sealed envelope and sign your name across the seal. Return the evaluation to the DMRT Office of Student Affairs.

Name (Please Print)

Signature: _____ Date: _____

Position: _____ Institution: _____

Address: _____

Telephone: _____ E-mail: _____