

**EVALUATION FORM FOR APPLICANT TO THE MLS  
PROGRAM OR IN PERSON CATEGORICAL PROGRAMS**

**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](mailto: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.*

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Date of Birth</i>
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**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.

- |   |  |
|---|--|
| <input type="checkbox"/> Professor        | <input type="checkbox"/> Teaching Assistant  |
| <input type="checkbox"/> Academic Advisor | <input type="checkbox"/> Supervisor/Employer |
| <input type="checkbox"/> Co-Worker        | <input type="checkbox"/> 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: \_\_\_\_\_