RECOMMENDATION EVALUATION FORM FOR
MICROBIOLOGY CATEGORICAL PROGRAM

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: Complete this evaluation form and email directly to DMRTadmissions@som.umaryland.edu using your institutional email.

The student is responsible for completing the following portion of this form:

Last Name	*First Name*	*Middle Name*	*Date of Birth*

Street Address	*City*	*State*	*Zip Code*

_____   _____
Signature (Electronic)   Date

For the Evaluator:

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

Name of Evaluator (Please Print)

Signature:_____ Date: _____

Position:_____Institution:_____

Address:_____

Telephone:_____ E-mail: _____

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