DIRECTIONS FOR APPLYING TO THE DEPARTMENT OF MEDICAL AND RESEARCH TECHNOLOGY

Remove application from packet prior to completing.

The applicant must submit the following seven (7) items.

1. **THE APPLICATION**
   - Please type or **print legibly** with a ballpoint pen.
   - Please direct residency classification questions to the Campus Classification Officer in the Office of Records and Registration at (410) 706-7481.

2. **APPLICATION FEE**
   A non-refundable application fee of $63.00 made payable to the *University of Maryland/DMRT* must be included with the application.

3. **TRANSCRIPTS**
   - An official transcript from **every** institution where college-level credit was earned must be submitted in an officially sealed envelope.
   - Official transcripts for courses, completed after your application is mailed, must be submitted to the DMRT Office of Student Affairs within one month of the conclusion of the course.

4. **STATEMENT OF ACADEMIC GOALS FORM**
   - All Personal Statements **must be typed** and should not exceed two pages.

   Applicant should discuss:
   - Academic goals and objectives.
   - Reason for your entering the field of medical technology or biomedical science research.
   - Strengths and weaknesses in coping with a rigorous science-based curriculum.
   - Any other information you believe is important for the Admissions Committee to know about you.

5. **COURSES IN PROGRESS FORM**
   The form should include the semester when, and the location where, all remaining requirements will be completed. You must notify the DMRT in writing if there are changes to the Courses in Progress form.

6. **LETTERS OF RECOMMENDATION**
   All applicants applying to the DMRT must submit **two professional letters** of recommendation using the forms within the application. Suitable letters would be from either two science instructors OR one science instructor and one employer.

7. **UNIVERSITY OF MARYLAND APPLICATION FOR IN-STATE STATUS CLASSIFICATION**
Students seeking in-state tuition status **MUST** complete the *University of Maryland in Baltimore Supplemental Application for In-state Classification*. Students not submitting this form will automatically be charged the out-of-state tuition rate.

SUBMITTING FOREIGN COURSEWORK FOR ACADEMIC EVALUATION

Applications and official transcript(s) from students who completed academic coursework outside the United States (except those students enrolled in a study abroad program through an American institution) must be received in the Office of Admissions at least six months prior to the date of expected matriculation. **Academic transcript evaluations completed by a recognized international credit evaluation service are *required* for all coursework completed outside the United States** (except study abroad coursework completed through an American institution). The preferred evaluation service for the DMRT is:

World Education Services
P.O. Box 745, Old Chelsea Station
New York, NY 10113-0745
Telephone: 212-966-6311
http://www.wes.org

ENGLISH PROFICIENCY REQUIREMENT

Test of English as a Foreign Language (TOEFL) is *required* of applicants who meet any of the following criteria:

- Applicant is classified by the Office of Records and Registration as an International Student.
- Applicant completed the majority of her/her academic coursework at a college or university outside the United States, English-speaking Canada, United Kingdom (including Ireland), Australia, New Zealand or Commonwealth Caribbean. **EXCEPTION**: Students who completed coursework abroad as part of an academic study abroad program sponsored by an American college or university at which they were registered as degree-seeking students will not be required to submit TOEFL scores as their native language is English.

NOTE: The minimum accepted TOEFL scores are 550 (written) or 80 (internet). Test results should be sent to the Office of Records and Registration: code number is 5944.

FINANCIAL AID

Sources of financial aid include federal, state, institutional, and private funds. Students who qualify may take advantage of loans, grants, work-study and/or scholarships for funding. To learn more about financial aid and how to apply, please contact the University's Office of Financial Aid at (410) 706-7347 or www.umaryland.edu/fin.

Free Application For Federal Student Aid (FAFSA) must be filed for financial aid consideration at www.fafsa.ed.gov.

TUITION AND FEES
Tuition and fees are subject to change without prior notification. Updated tuition information may be obtained at Student Accounting at: www.admincomp.umaryland.edu/student_accounting or 410-706-2930.

APPLICATION DEADLINES
Although the Department follows a competitive GPA admissions policy, it is recommended that application documents be received by the following dates:

Fall Admission:	June 10th
Spring Admission:	October 10th

Applications are assessed on a competitive GPA admissions basis as well as review of admissions portfolio for each review period. Incomplete applications will not be processed.

The University of Maryland and all its branches and divisions, subscribes to a policy of equal educational opportunities for all people of all races, creeds, and ethnic origins.

The University is required by federal regulatory agencies to supply admissions and enrollment information by racial, ethnic, and gender categories. Provisions of the information are voluntary and will not be pursued to determine eligibility for admission. Program availability is subject to change.

UNDERGRADUATE APPLICATION CHECKLIST

The following checklist items are required to ensure a complete application packet.

- ☐ Application (see instruction #1)
- ☐ Application Fee of $63.00 made payable to the University of Maryland/DMRT
  NOTE: The application fee is non-refundable.
- ☐ **Official** transcripts from each college or university attended in officially sealed envelopes
- ☐ Statement of Academic Goals form
- ☐ Courses in Progress form (see instruction #4) – *if applicable*
- ☐ Two professional letters of recommendation (see instruction #6)
- ☐ University of Maryland Supplemental Application for In-State Status Classification

UNDERGRADUATE APPLICATION FOR ADMISSION

University of Maryland School of Medicine
Department of Medical and Research Technology
100 Penn Street, Allied Health Building, Room 435
Baltimore, Maryland 21201
410-706-7664 Fax: 410-706-0073

PLEASE PRINT

Social Security Number: _____

Full Legal Name: _____
Last First Middle

Former name (*if applicable*): _____

Your Current Home Address: _____

City, State, Zip Code: _____

Home Telephone #: _____ Cell Phone #: _____
Area code Area code

Work Telephone #: _____ E-Mail: _____
Area code

Your Permanent Home Address: _____
(if different from present home address)

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City State Country

Gender: ☐ Male ☐ Female

Ethnicity: ☐ American Indian or Alaskan Native ☐ Asian/Pacific Islander
☐White, non-Hispanic ☐ Black/African American (non-Hispanic)
☐ Hispanic

Are you a citizen of the United States? ☐ Yes ☐ No

a) If No, type of visa: _____ b) Visa exp. Date: _____
c) Alien Registration No. _____ Issuance Date: _____

Term for which you are applying: ☐ Spring _____ Year ☐ Fall _____ Year

If you have applied previously to the DMRT, indicate year _____

Undergraduate Program in which you have an interest (select one only):

Bachelor of Science Program

☐ Medical Laboratory Science Track ☐ Biomedical Science Research Track

☐ Categorical Certificate Program (select one)

☐ Microbiology ☐ Chemistry
☐ Hematology ☐ Immunohematology
☐ Hematology/Chemistry

FOR MLT'S ONLY

Are you a certified Medical Laboratory Technician (MLT)? ☐ Yes ☐ No
Certification # and Agency _____

Prior Education:

Degree: _____ Date of Graduation: _____ School: _____

Number of years of work experience in the field: _____

In what area(s)?

☐ Generalist ☐ Chemistry ☐ Hematology
☐ Microbiology ☐ Blood Bank ☐ Immunology
☐ Other (specify) _____

FOR ALL APPLICANTS

Have you ever attended classes at any campus of the University of Maryland?

☐ Yes ☐ No

List ***ALL*** educational institutions [high school, colleges, universities, professional school(s)] which you have attended or are now attending, including the University of Maryland. **DO NOT omit any institution where you have been enrolled in credit-bearing coursework**. Failure to comply may result in dismissal from the University.

EDUCATION

Name and Location	**Dates of Attendance MM/YY – MM/YY**	**Date of Graduation**	**Degree**	**Major**
High School				
College				
College				
College				
College				

List your work experience/volunteer activities chronologically for the past two (2) years. Give exact dates and places of employment or volunteer activities. If you have not been employed during this period, please indicate such.

RECENT WORK/VOLUNTEER EXPERIENCE

Employer	**Location**	**Dates (MM/YY)**	**Full/Part-time**

MILITARY SERVICE:

☐ Active Duty ☐ Veteran ☐ Reserves ☐ National Guard

List Dates of Service _____

EMERGENCY CONTACT:
(*Parent, Spouse, or Nearest Living Relative*)

Name: _____ Relationship: _____

Home address _____

I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the University of Maryland if I am admitted as a student. I will notify the Office of Admissions, in writing, within fifteen (15) days, of any change affecting my application data.

_____ _____
Signature of Applicant Date

The University of Maryland, and all its branches and divisions, subscribes to an equal educational opportunity for people of all races, creeds, and ethnic origins.

The University is required by federal regulatory agencies to supply admissions and enrollment information by racial, ethnic, and gender categories. Provision of the information is voluntary and will not be used to determine eligibility for admission.

Program, course availability and admission criteria are subject to change.

Applicants **must** complete the **APPLICATION FOR IN-STATE RESIDENCY.** Use N/A for any question that does not apply to your situation. The University reserves the right to request additional information if necessary. In the event the University discovers that a student has supplied false or misleading information, the University may bill retroactively to recover the difference between in-state and out-of-state tuition for all semesters involved. In the event students are misclassified, the University reserves the right to bill out-of-state rate for the current and subsequent semesters.

If you, your spouse and/or parent (legal guardian) are regular employees of the University of Maryland System and reside outside of Maryland, please attach a letter of verification from the Human Resources Office of the campus at which you, your spouse or parent (legal guardian) are employed.

STATEMENT OF ACADEMIC GOALS

_____ _____ _____

Last Name (Print or Type) First Name Middle Initial

Date of Birth: _____

In your own words, please discuss on this page your academic goals as well as your reasons for entering the field of medical laboratory science or biomedical research science. Include your strengths and weaknesses for managing a rigorous science based curriculum. You may attach your statement as a separate sheet. **Statement must be typewritten.**

DEPARTMENT OF MEDICAL & RESEARCH TECHNOLOGY
COURSES IN PROGRESS

Indicate all courses you are currently enrolled for or you expect to enroll for during the current academic year and return this form with your application packet. **Please type or PRINT legibly in ink.** If you have completed all prerequisite coursework write COMPLETED on this form; date and sign the form, and include your social security number.

Applicant: _____ Date of Birth: _____
Last First Middle

College: _____

Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Began (MM/DD/YYYY) _____ Ended (MM/DD/YYYY) _____

Course No.	Course Title	Credits in Semester or Quarter Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

College: _____

Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Began (MM/DD/YYYY) _____ Ended (MM/DD/YYYY) _____

Course No.	Course Title	Credits in Semester or Quarter Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

College: _____

Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Began (MM/DD/YYYY) _____ Ended (MM/DD/YYYY) _____

Course No.	Course Title	Credits in Semester or Quarter Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please notify the DMRT, in writing, when changes are made to the schedule submitted with your application.

Signature: _____ Date: _____

RECOMMENDATION FORM
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

Department of Medical & Research Technology
Office of Student Affairs
100 Penn Street, Allied Health Building, Room 435, Baltimore, Maryland, 21201

Please complete the information below; then give this form to the person who will offer a recommendation on your behalf. This recommendation form is a required part of your application packet and must be returned to the address listed above in a sealed, signed envelope.

_____
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.

I wish access to my letters. Yes _____ No _____
I waive access to my letters. Yes _____ No _____

_____
Signature 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.).

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:** _____

RECOMMENDATION FORM
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

Department of Medical & Research Technology
Office of Student Affairs
100 Penn Street, Allied Health Building, Room 435, Baltimore, Maryland, 21201

Please complete the information below; then give this form to the person who will offer a recommendation on your behalf. This recommendation form is a required part of your application packet and must be returned to the address listed above in a sealed, signed envelope.

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	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:** _____