

## **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](http://www.umaryland.edu/fin).

Free Application For Federal Student Aid (FAFSA) must be filed for financial aid consideration at [www.fafsa.ed.gov](http://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](http://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 10 <sup>th</sup>
Spring Admission:	October 10 <sup>th</sup>

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.

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## 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):

<b>Bachelor of Science Program</b>	
<input type="checkbox"/> Medical Laboratory Science Track	<input type="checkbox"/> Biomedical Science Research Track

<input type="checkbox"/> Categorical Certificate Program (select one)	
<input type="checkbox"/> Microbiology	<input type="checkbox"/> Chemistry
<input type="checkbox"/> Hematology	<input type="checkbox"/> Immunohematology
<input type="checkbox"/> 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)?

<input type="checkbox"/> Generalist	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Hematology
<input type="checkbox"/> Microbiology	<input type="checkbox"/> Blood Bank	<input type="checkbox"/> Immunology
<input type="checkbox"/> 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**

<b>Name and Location</b>	<b>Dates of Attendance MM/YY – MM/YY</b>	<b>Date of Graduation</b>	<b>Degree</b>	<b>Major</b>
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**

<b>Employer</b>	<b>Location</b>	<b>Dates (MM/YY)</b>	<b>Full/Part-time</b>



## 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: \_\_\_\_\_



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: \_\_\_\_\_



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						
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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: \_\_\_\_\_