

APPLICANT APPRAISAL FORM
UMBC Diagnostic Medical Sonography Program

Applicant, please complete.

Last Name:	First Name:
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Address:

Appraiser, this appraisal is a confidential report of the candidate's suitability for admission to the UMBC Diagnostic Medical Sonography Program. Your comments below will be used to help us arrive at a better understanding of the applicant's qualifications.

1. For how long and in what capacity have you known the applicant?

2. What do you consider to be the applicant's major strengths and possible weaknesses?

3. Assess the applicant's ability to be successful in a rigorous academic curriculum.

4. Additional comments, if any.

Your name:	Position:
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Signature _____

Date _____

Mail to: UMBC Diagnostic Medical Sonography Program
UMBC Technology Center
1450 South Rolling Road
Halethorpe, MD 21227
Attn: Jeanne McStay

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